



Sutter Buttes Thelma Cull High School Scholarship Award Guidelines

The Sutter Buttes Chapter of the Ninety-Nines offers flight training scholarships to qualifying applicants. Scholarships are awarded annually in July as long as funds are available. The purpose of this scholarship is to promote aviation within the surrounding community, and provide networking opportunities for students interested in aviation. This scholarship is awarded to assist high school students working towards an aviation goal. We welcome scholarship donations for this scholarship fund. Please see the detailed information below for requirements and eligibility.

Requirements and Eligibility:

Sutter Buttes Thelma Cull High School Scholarship:

This scholarship is dedicated to Thelma Cull, an award winning air racer, who was an inspiration to many. Thelma believed in introducing young people to the world of aviation and helping them reach their aviation goals. This scholarship is open to any high school student who is interested in pursuing aviation. The student must reside within a 50nm radius of the O52 airport. This scholarship can be used towards an aviation goal that is approved by the Sutter Buttes 99s, for example flight, maintenance, aviation management or air traffic controller training.

Requirements:

1. Be at least a high school Junior or Senior
2. Reside within Butte, Colusa, Nevada, Sutter or Yuba counties.
3. Have at least a 2.75 GPA.
4. Completed Application Packet

Amount to be Awarded up to: 1 - \$1000.00. Funding is provided for up to one year and is paid monthly directly to the flight school or instructor upon submission of invoices to the Sutter Buttes 99s Treasurer.

HIGH SCHOOL APPLICATION PACKET CHECKLIST

Application packages must include the following items:

- Completed application form.
- Three letters of recommendation including:
 - one (1) letter of personal recommendation by an individual who can describe applicant's character and experience in areas other than aviation. **NOTE: This letter may NOT be written by any 99s member or family member.**
 - one from a teacher of the applicant
 - one from a Ninety-Nine or person in the aviation field
- Official Transcript
- Essay. See application form for more detail.
- Copy of Airman's Certificate(s) and/or FAA Medical Certificate. *(if applicable)*
- Copy of Logbook - last 2 pages *(if applicable)*

Submissions are due by 11:59pm PDT on May 31, 2021. Please ensure all application items listed are included in one (1) pdf file.

Finalists will be notified by email and will be required to attend a personal interview. Winners will be notified by email no later than June 30, and will be required to abide by all scholarship rules, and attend our chapter meeting to receive scholarship.

Email: SutterButtesScholarships@gmail.com



Sutter Buttes 99s Scholarship Application

Please read this application carefully and be sure you have met ALL criteria and are prepared to complete all requirements. Incomplete applications (including missing supporting documents) will be disqualified.

BACKGROUND INFORMATION

Name: _____ E-mail address: _____
Address: _____ Phone: _____

Occupation: _____

Employer: _____

Highest Level of Education Completed

For High School Students:

High School Name: _____

Classification: _____ Current GPA: _____ Graduation Date: _____

Certificate or Rating applying for:

AVIATION HISTORY

Flight School Name: _____

Flight School Address: _____

Total Flight Hours: _____ Total PIC: _____

Hours in last 90 days: _____

Certificate(s) held: _____ Date issued: _____

Rating(s) held: _____ Date issued: _____

If you have a degree or any special training in aviation, please list:

Applicant Essay Form

(Limit your response to the space provided below)

Please include in your essay the following:

- a. Your personal interests
- b. General, career, and aviation goals & why you want this rating or certificate
- c. What sparked your initial interest in aviation?
- d. Aviation related activities in which you have participated (including employment) that means the most to you.
- e. Any obstacles you have had to overcome to start in and to continue in flying.
- f. How will you fund the rest of your training towards this rating or certificate?
- g. How you would contribute to the Ninety-Nines and to the aviation community in general.

Sutter Buttes Chapter of the Ninety-Nines, Inc.
Personal Letter of Recommendation Form

(Limit your response to the space provided below)

Please include at least the following elements: How do you know the applicant, for how long, and how well? Be specific. Describe applicant's character and experience. Tell us exactly why you recommend this applicant for this award.

Applicant Name:
Recommender Name:
Recommender Email:
Recommender Signature & Date:

DECLARATION AND AGREEMENTS

I understand this scholarship is to be used only for which this application is submitted. I understand the funds from this scholarship can be used to cover training received for up to one year from date of award. In addition, if I obtain my rating or certificate prior to using the entire scholarship, the remaining funds will not be disbursed.

I certify that all information in this application is true and correct.

_____	_____
Applicant Printed Name	Parent/Guardian Printed Name (if under 18)
_____	_____
Applicant Signature	Date
_____	_____
Parent/Guardian Signature	Date

DISCLAIMER:

Neither the Sutter Buttes Chapter of the Ninety-Nines, Inc., The Ninety-Nines, Inc., nor their members, agents, or representatives are responsible for the quality of any training received with this scholarship, nor for any accident, incident, or any other event which may occur while the recipient of this scholarship is performing flight training or activities relating thereto; and recipient agrees to sign a hold-harmless agreement in favor of said entities upon receipt of the scholarship and before any flight or training is made. I hereby release The Ninety-Nines and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any activities related to this scholarship.

I agree to abide by all the terms and conditions specified in this application. I declare under penalty of perjury that the information I have given here is true and correct and that I meet the eligibility requirement for the scholarship sought.

_____	_____
Applicant Printed Name	Parent/Guardian Printed Name (if under 18)
_____	_____
Applicant Signature	Date
_____	_____
Parent/Guardian Signature	Date