

Scholarship Introduction

This application will be used to assess your candidacy for the Upwind Summer Scholarship (Upwind). The scholarship is for an intensive, nine-week program of flight training during the summer between your junior and senior year. There will be an Upwind informational meeting online for any interested applicants on Saturday, January 27 at 3:00pm. You can register at upwindscholarship.com/info-meeting. Applicants with questions are encouraged to attend to find out more about the program.

Please review the <u>Upwind Scholarship FAQ</u> for guidance on completing the application and information about the program. If you have any questions, please email <u>scholarship@upwindscholarship.com</u> or call **650.394.5364**.

The Upwind Selection Committee reserves the right to ask for clarification, additional information, and a personal interview with you and your parent(s) or guardian prior to making their final selection.

Your application must be received by <u>5:00pm on Friday, February 16, 2024</u>. Any applications submitted after this time will not be accepted.

Email to:	Mail to:	Hand deliver to:
scholarship@upwindscholarship.com	Upwind Summer Scholarship PO Box 6932 San Carlos, CA 94070	Upwind Foundation c/o SCFC 795 Skyway Rd, Suite A San Carlos, CA 94070

2024 Upwind Summer Scholarship Application

APPLICANT INFORMATION						
Name:						
Address:						
City:	State:		ZIP Code:			
Phone:	Email:					
Gender:	Date of Birth:		Age on August 1st, 2024:			
HIG	H SCHOOL AND AC	ADEMIC 1	INFORMATIO	ON		
School Name:						
Last day of school:/2024		First day	of school fall	semester:	_//2024	1
School City:	Grade Level:				ghted (GPA): veighted (GPA)):
	PILOT MEDICA	L CERTIF	ICATE			
Pilots must undergo a medical examination Program, a student cannot complete the tra requirements, go to https://www.upwindschape	aining without this cer	tificate. Fo				
Date of Exam://	Medical Certifica	ate Contro	l No:			
HOI	BBY, VOLUNTEER, C	OR WORK	EXPERIENC	CE		
Activity (Organization / Responsibilities Time/Duration			Aviation Related?			
						Y / N
						Y / N
						Y / N
						Y / N
SAN CARLOS AIRPORT INVOLVEMENT (if any)						
Type of Experience (e.g., training, travel, sightseeing, fun) When / H		ow Often How Recent		Recent		

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PROGRAM AVAILABILITY (SUMMER CONFLICTS)		
What other activities will you be participating in this summer? List the time commitment for all the activities.		
List the dates of any commitments you have this summer that would conflict with the 9-week Upwind program.		
Are there any logistical factors that would limit your participation in the full 9-week program?		

PARENT / GUARDIAN INFORMATION				
Name of Parent(s) or Guardian(s):				
Address:				
City:	State:	ZIP Code:		
Phone:	Email:			
Relationship:				

WRITTEN RESPONSES

Please write a paragraph or two for each of the following questions. The total length should not exceed 2 pages.

- 1. People are interested in flying for a lot of reasons. What is yours? What is pulling you to become a pilot?
- 2. The pace of the Upwind program is intense and requires an ability to focus on, comprehend, and retain a great deal of knowledge and skill. How have you handled similar challenges?
- 3. Pilots must be active in taking positive aircraft control and in responding to situations. Most adults take years to develop this level of maturity and responsibility. As a young person, what shows you are ready for this now?
- 4. How would Upwind impact the path of your life? Is there a financial need preventing you from doing flight training on your own?

VIDEO SUBMISSION

Submit a short video of **5 minutes or less.** This video submission is your chance to show yourself as an individual, different from other applicants. Use the video to showcase your passion, creativity, personality, and character in whatever way best expresses it, to bring your application alive for the Upwind Selection Committee. Please provide a 'link' to your video in this application or email it to scholarship@upwindscholarship.com.

video URL:

LETTER OF RECOMMENDATION

Submit **one letter** of recommendation from someone (other than a family member) that knows you and can attest to your qualification for the scholarship. Please ask them to provide the following information:

- Applicant's name
- Recommenders name and title, how long they have known the applicant, and in what context
- Evidence they have seen showing the applicant's interest in aviation
- Statement of the applicant's ability to succeed in a strenuous academic program
- Example(s) of the applicant's maturity, decision-making, risk awareness, and/or accountability
- Any examples showing ways that awarding of the Upwind Scholarship will impact the applicant and the community

The recommendation letter can be included with the rest of the application, or sent directly by the recommender to the Upwind Selection Committee at scholarship@upwindscholarship.com.

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UPWIND SUMMER SCHOLARSHIP CO	MMITMENTS			
Upwind Participation: I will participate in Upwind events as required. I agree to author articles for Upwind and work with the Upwind Summer Scholarship Program to document my progress and to help develop other materials as requested. (initial here)				
Ground School: I will attend the Upwind-provided Private Pilot ground school (or an alternative to be approved by Upwind). This will commence in April and will continue through early-June. The time commitment will be 3 hours per week for class; study and homework will require another 2-3 hours per week. (initial here)				
Summer Training: After the conclusion of the academic year, I will be expect Upwind related activities Monday through Friday from 9:00 AM until 5:00 occasionally on evenings and weekends continuously for nine (9) weeks .				
Evaluation: I understand that at key checkpoints in the program, my progress will be evaluated and my continuation in the program will be contingent on meeting program milestones. (initial here)				
SIGNATURE – APPLICAN	т			
I confirm that the information included on this application is true to the best of my knowledge.				
Applicant:	Date:			
SIGNATURE – PARENT OR GUA				
I confirm that the information included in this application, to the best of my knowledge, is true and that if my child is selected for the Upwind Summer Scholarship, that I will support him or her to the best of my family's abilities. If my child is selected, I understand that participation in the program will be contingent upon signing the Upwind release of liability waiver, made available at upwindscholarship.com/waiver .				
Parent or Guardian:	Date:			
SIGNATURE - INFORMATION R	ELEASE			
I hereby grant the Upwind Summer Scholarship Program and to their respectiv "Upwind") the right to use the documents and images ("Images") that I have spromoting Upwind's business activities, whether by electronic, print, or digital if or any other website owned and operated by Upwind. I acknowledge and agreeceive from Upwind any royalties or other compensation in connection with the infringe the rights of any third party, and (3) by submitting my Images, I waive Upwind based on its use of any such Images.	submitted to the organization for the purpose of media or by electronic publishing via the Website e that (1) I shall have no right to demand or see use of any Images, (2) the Images do not			
Applicant:	Date:			
Parent or Guardian	Date:			