

# Hawera Aero Club

## Application from for the Patea Flying Scholarship

I wish to apply for the Patea Aero Club Flying Scholarship

Name \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

E Mail \_\_\_\_\_

Details of any previous flying instruction including trial flights

\_\_\_\_\_

\_\_\_\_\_

I agree to comply with the conditions of the Patea Flying Scholarship

I am older than 15 years

I understand the trial flight is at my own expense.

Signature \_\_\_\_\_

Guardian signature if  
under 21 years of age.

\_\_\_\_\_

Return address: Hawera Aero Club, PO Box 316, Hawera 4640