



Organization of Black Airline Pilot, Inc
Scholarship and Type Rating
Application Package
2009

Please mail completed application package to:

The Organization of Black airline Pilots, Inc
Aeronautics Pilot Development Program
Scholarship Program Director
Attn: Eugene Watts
8630 Fenton Street
Suite 126
Silver Spring, MD 20910

Personal Information:

First Name _____ MI _____ Last Name _____ OBAP Member # _____
Address _____ City _____ State _____ Zip Code _____
Home Phone (____) _____ Cell Phone (____) _____ E-mail _____
SSN# _____ Date of Birth _____ Place of Birth _____ Citizenship _____ Sex M/F _____

We ask that you complete the following optional information so as to allow us to effectively validate aviation diversity:

RACE/ETHNIC BACKGROUND: (Check one)

____ Black/African American ____ Hispanic/Latino
____ American Native/Alaskan Eskimo ____ Asian/Pacific Islander
____ White/Caucasian ____ other (specify) _____

Have you applied for any other OBAP funds in the Year 2008-09? Yes ___ No ___ Were you successful? Yes ___ No ___

If yes, date, amount awarded, name of program. _____

Any FAA violations? Yes ___ No ___ if yes, please give details _____

Have you every received a letter from the FAA regarding your certificate or any other action? Yes ___ No ___ If yes, Please explain:

Have you ever been convicted of a felony/misdemeanor? Yes ___ No ___ If yes, please explain: _____

Have you had any traffic violations? Yes ___ No ___ If yes, Please give place, dates, and disposition. _____

Education:

Check the highest level of education attained: ___ H. S. Diploma ___ GED ___ A.A/AS Degree ___ B.A. /B.S. Degree ___ Post-Grad

Name of High School _____ Address _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Name of College/University _____ Address _____

City _____ State _____ ZipCode _____ Telephone (____) _____

Name of Flight School _____ Address _____ City _____

State _____ ZipCode _____ Telephone (____) _____

If enrolled in High School or College/University Degree Program, This section must be completed by an advisor or faculty member.

Overall GPA _____ GPA in Aviation Classes (if applicable) _____

Signature

Printed Name

Title

Phone#

Pilot Data:

Pilot Certificate# _____ Date of Issuance _____ Date of Last FAA Flight Physical _____

Class: _____ List ALL Certificates and Ratings Held: _____

List ALL Type Ratings Held: _____

Type of Scholarship or Type rating applying for:

___ General Scholarship

___ Captain Edward L. Horne, Jr. Scholarship

___ Wings Financial Credit Union Scholarship

___ United Parcel Service (UPS) 757 Type rating

___ Other (specify) _____

If applying for Scholarship please indicate the program you will apply the funds to:

___ Private Pilot

___ Instrument Rating

___ Commercial Single/Multi Engine Rating

___ Certificated Flight Instructor/Instrument/ Multi Engine Rating

___ ATP Rating

___ Flight Engineer Rating

___ Aircraft Dispatcher Course 4 Weeks

___ Aircraft Dispatcher Course 6 Weeks

PHOTO RELEASE WAIVER

I/we give the Organization of Black Airline Pilot, Inc, its employees and agents the irrevocable right to use my/my child's, picture, portrait, or photograph in all forms and media and in all manners, including composite, or advertising, for publication or any other lawful purposes, and I/we waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

Sign Name

Print Name

Date

Parents Signature *(If applicant is minor parent signature required)*

Date