PHILIP WILLS MEMORIAL FUND SUPPORTING GLIDING IN THE UK



2015 GLIDING SCHOLARSHIP - APPLICATION FORM

Applicatior	n Ref: (PWM	F Use only)				
Section 1 –	Applicant [Details				
Title:						
Name:						
Nationality:						
Date of Birth://						
Email Addr						
elephone:						
Have you c Yes / No		,	rsaries, etc. general flying bursaries	or scholarship	os in the past?	
	Applied To	o/ Awarded By		Successful? Y/N	Amount Awarded	
				1/11	Awaraea	
	Gliding Exp that you c	erience are currently a	member of:			
Date of first	solo:		Hours flown since first	solo:		
			Hours flown in past 12	months:		
Types flown	n:					
Gliding/pov	wer licence	s held:				

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Section 4 – Why You Deserve a Scholarship

Description of your intended development activity/ project (see information on web for a non-exhaustive list of examples of	suitable activities)
Amount of funding requested (max £500):	
Describe why you intend to undertake this post-solo developme given a scholarship (250 words):	nt and why you should be
Section 5 – Your Signature	
Signed:	Dated:

Once you have completed this form, please pass to your CFI for completion of Part 6. Once this has been completed the entire form should be sent by Email to PWMFscholarships@gliding.co.uk



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Section 6 – CFI Recommendation

Please provide any information that you feel relevant in support of the scholarship application above:
I have verified the applicant's details, hours & qualifications. I acknowledge that my club will be applicant's flying fees until the gwarded scholarship sum is reached, at
have to support the applicant's flying fees until the awarded scholarship sum is reached, at which time we will apply to the Fund for full reimbursement.
Signed:
Name: Club: Date:
Please Email the completed form, including your recommendation to the PWMF Trustees at PWMFscholarships@aliding.co.uk