

## <u>Alaskan Aviation Safety Foundation</u> DALE CARLSON MEMORIAL SCHOLARSHIP APPLICATION FORM

2017-2018

Date of application: _						
Name				Date of Birth		
Address				_ Phone (	_)	
City			State		ZIP	
Email address						
Flight Experience:						
Total number of flight	hours	s:	<del></del>			
Number of flight hour	s in th	ne past 12 mon	ths:		_	
Certificate or Rating		Date	Date No. of Hours at the time			
		/	/		_	
		/	/		_	
		/	/		_	
Aircraft Owned:						
Make and Model		N Number	Ye	ar Purchased	Hours in this aircraft	
	/_		/	/_		
	_/		/			
	_/		/	/_		
Aviation-related acti	vities	: (Membership	s, activiti	es or interests)		
		_				

Please answer the following questions in 200 words or less. Additional sheets of paper may be used.
Why are you applying for a spidertracks tracking device?
Describe the type of flying you do most often: (wheels, floats, off airport, day trips, etc.)
Describe the safety items currently carried in your aircraft: (such as survival gear, satellite tracking devices, satellite phone, etc.)
Why are you applying? What need does spidertracks fill?

If awarded a spidertracks tracking device, would you be willing to participate and share your story on Hangar Flying or at a safety seminar? Yes No
The following items must be attached to this application:
-Residency verification (copy of pilot's license, driver's license, PFD receipt, etc.)
-Aviation certificates currently held (copy of current license)
-Proof of aircraft ownership (copy of aircraft registration)
I attest that the information provided in this application is true and correct to the best of my knowledge.
Applicant's signature Date
Email this application to: <a href="mailto:aasfonline@gmail.com">aasfonline@gmail.com</a> and include "DALE CARLSON MEMORIAL SCHOLARSHIP" in the subject line, or mail to:  ALASKAN AVIATION SAFETY FOUNDATION DALE CARLSON MEMORIAL SCHOLARSHIP COMMITTEE 2811 Merrill Field Drive Anchorage, Alaska 99501
For information call us at (907) 243-7237