

Alaskan Aviation Safety Foundation DALE CARLSON MEMORIAL SCHOLARSHIP APPLICATION FORM 2020-2021

Date of application:				
Name	Date of Birth			
Address		Phone	: (_)
City		StateZIP		
Email address				
Flight Experience:				
Total number of flight h	iours:			
Number of flight hours	in the past 12 mon	ths:		_
Certificate or Rating	Date	No. of Hours at the time		
	/	/		_
	/	/		_
	/	/		_
Aircraft Owned:				
Make and Model	N Number	Year Purc	hased	Hours in this aircraft
	/	/	/	
	/	/	/_	
	/	/	/_	
Aviation-related activi	ties: (Membershir	os, activities or int	terests)	
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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: aasfonline@gmail.com 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