

# EAA<sup>®</sup> SPORT PILOT ACADEMY

## Collegiate Scholarship Application

If you would like to train with the EAA Sport Pilot Academy, please respond to the following questions to the best of your ability and submit the completed application to Jon Eisele, EAA Flight Programs Manager, at [jeisele@eaa.org](mailto:jeisele@eaa.org).

Please note that any condition or other medical information that you disclose in response to this application will not automatically disqualify you from participating in the Sport Pilot Academy, or obtaining your Sport Pilot certificate. EAA will use this information to make an individualized assessment to ensure that your health and safety, and the health and safety of anyone involved in the program, is not compromised or placed at risk based on the unique requirements, demands, and safety considerations of participating in the program.

*\*Indicates required information*

**Date of Application:\*** \_\_\_\_\_

**Name:\*** \_\_\_\_\_

**EAA Member Number:\*** \_\_\_\_\_

**Address:\*** \_\_\_\_\_

**City, State, Country:\*** \_\_\_\_\_

**Email:\*** \_\_\_\_\_

**Cell Phone:\*** \_\_\_\_\_

**Date of Birth:\*** \_\_\_\_\_

**Weight:\*** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Food allergies or dietary restrictions:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

a. If a student: \_\_\_\_\_

• Where do you attend school? \_\_\_\_\_

• What is your degree/field of study? \_\_\_\_\_

• What year do you plan to graduate? \_\_\_\_\_

• What would you like to do post-graduation? \_\_\_\_\_

**Aviation-related experience (if any):** \_\_\_\_\_

\_\_\_\_\_

**Special skills or qualifications:** \_\_\_\_\_

\_\_\_\_\_

**Do you plan to use: (a) Your Driver's License; or (b) FAA Third Class Medical Certificate, as proof of medical qualification?\*** \_\_\_\_\_



# EAA<sup>®</sup> SPORT PILOT ACADEMY

## Collegiate Scholarship Application

If you have ever applied for a Third Class Medical Certificate, was the Third Class Medical denied on your most recent application? \_\_\_\_\_

Have you ever been diagnosed with any medical, mental, or physical conditions, as outlined in Federal Aviation Regulations Sec. [67.301-67.313](#), any of which might affect your training or your ability to fly an airplane, that your instructors should be aware of? Please provide details.\* (If you would rather not respond to this question via email, we would be more than happy to discuss it with you over the phone). \_\_\_\_\_

Are you currently taking any medical treatments or prescribed, over the counter, or recreational drugs? Please provide details.\* (If you would rather not respond to this question via email, we would be more than happy to discuss it with you over the phone). \_\_\_\_\_

Have you completed your FAA Sport Pilot Knowledge Test?\* \_\_\_\_\_  
a. If no, when do you plan to have it completed? \_\_\_\_\_

How did you hear about the EAA Sport Pilot Academy?\* \_\_\_\_\_

Why do you want to become a pilot and/or attend the Sport Pilot Academy?\* \_\_\_\_\_

Comments, questions, or concerns. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

