



2015 Maintenance Technician Certificate Scholarship

Application

Please provide:

A. PERSONAL INFORMATION

<u>Name (First, Middle, Last)</u>	<u>Permanent Mailing Address:</u>
<u>Date of Birth (Month, Day, Year)</u>	<u>Citizenship:</u>
<u>Phone:</u>	<u>E-mail Address:</u>
<u>Current Employer:</u>	
<u>Title:</u>	

Airman Certificates:

Please include legible copies, front and back, of all F AA or International Equivalent Certificates.

Current Resume:



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B. MAINTENANCE TECHNICIAN AND FLIGHT EXPERIENCE (If Applicable)

Make/Model								
Turbine								
Reciprocating								
Cross Country								
Instrument								
Helicopter								
Last 6 months								
Total Time								
Total Time PIC								
Airplane								
Last 6 months								
Total Time								
Total Time PIC								
Total								

C. EDUCATION AND TRAINING

	School Name	City & State	Dates Attended	Degree or highest level attained	Major and/or Minor
High School or International Equivalent					
College, Trade School or Special Courses					
Flight School					

When do you expect to receive your Maintenance Technician Certificate?

Applicants who receive their Maintenance Technician Certificate prior to January 1, 2015 are not eligible to apply for or receive this scholarship.



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School Name:			
Address:			
Telephone:		Fax:	
Department Chair:			
Class Rank or Grade Point Average:		Graduation Date:	
FAA Written Exam Scores*:	General:	A/F:	P/P:
Anticipated A&P (or equivalent) Issue Date:			

*If international student, equivalent test scores required with attached explanation of ranking system.



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D. EMPLOYMENT RECORD

List with most recent employer first. Please include military service.

Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:

Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:



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Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:

Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:



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Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:

Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:



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E. FURTHER INFORMATION

Please list:

- Honors and awards you have received:
- Organizations in which you hold membership:
- Achievements or contributions you have made in aviation:
- Involvements in aviation related activities:
- How you have helped others become interested in aviation:
- Your career goals in the helicopter industry and how this scholarship will help you achieve them:
- Your involvement in any HFI or other helicopter organization activities:
- Any relatives, personal acquaintances or business associates who are involved in any helicopter organization activities or in the helicopter industry:



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In at least 300 words, describe how you became interested in the aviation industry and why you want to be a maintenance technician.

If this scholarship does not provide full funding for the remaining amount needed for your target goal, how do you intend to provide the necessary funds to accomplish all the training required for your Maintenance Certificate?



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F. FINANCIAL INFORMATION

The following financial information will remain completely confidential and will only be seen by the HFI Scholarship Selection Committee members. This information will be destroyed upon completion of the selection process or the time limit for completion of training.

- Total Annual Household income: (If you are Head of Household, list family structure)
- List all sources of income you have and associated annual amounts:
- List all assets and estimated value (home, automobile, land, stocks, savings accounts, etc.)
- List all liabilities and amount of each (mortgage, rent, car payment, consumer debt, school loans, etc.)
- Does a family member provide you with discounted or free access to living accommodations? If yes, explain:
- Are you listed as a dependent on anyone's income tax return? If yes, explain:
- Are you provided discounted or free access to helicopter flight time and/or maintenance training or instruction? If yes, explain: Why do you need this financial assistance?



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G: LETTERS OF RECOMMENDATION:

Three letters of recommendation are required, one of which must be the AMT Program Director, Administrator or Instructor. Letters should be from employers, instructors, or others within the industry that can attest to your background, training and experience as it relates to the aviation industry.

Name of applicant:

Recommended by (with title):
School or Organization:
Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
E-mail address:
Applicant's program consists of how many FAR 147 hours? Or international equivalent.
Length of Time you Have Known the Applicant:
Briefly comment on the applicant's Attitude, Integrity and Motivation:
Your Recommendation:

I hereby certify that the information provided is true and correct to the best of my knowledge.

Please provide an electronic signature and e-mail to scholarships@rotor.com

Or sign the letter and fax to: Marty Pociask at 703-683-4745



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H: REFERENCES

Two references are required. References should be from employers, professionals, representatives of community organizations, etc.

Name:	
Title:	
Company or organization:	
Address:	
Phone:	
Length of time known:	

Name:	
Title:	
Company or organization:	
Address:	
Phone:	
Length of time known:	



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I: Preliminary Estimate of Helicopter AMT Training Costs

Maintenance training provider Address and phone:		
Type of rating desired:		
Minimum Training Required:	Tuition Cost: \$	
List of Miscellaneous Expenses:	Estimated cost: \$	
Total Estimated cost of Training:	\$	
Scholarship Value for Training:	\$2,500.00	
Remaining Cost to be paid By Student :	\$	

I understand that this is an estimate of costs and that costs may vary among training providers. Furthermore, I understand that the value of the scholarship provides only a portion of the total cost of training. Scholarship monies will be sent directly to the school unless student has indemnified the school already and must be used for training purposes only.

ACKNOWLEDGEMENT:

By signature below, I certify and attest that all information provided is true and complete to the best of my knowledge. Falsification of documents can disqualify applicant. I understand that subsequent to use of funds, if falsification is discovered, candidate is liable for reimbursement. I further understand that if I do not achieve certification, I am liable to reimburse HFI.

Signature or electronic signature of Applicant:

Date:



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J: To be completed by Appropriate School Representative

I hereby certify that **[name of school]** is an FAA certified Part 147 facility or International equivalent AMT training program.

I understand that any unused monies will be returned to Helicopter Foundation International, located at 1635 Prince Street, Alexandria, Virginia 22314.

Printed name:

Title:

Address:

Telephone:

E-mail:

Signature or electronic signature:

Please e-mail this completed form to scholarships@rotor.com or fax to Marty Pociask at 703-683-4745.