

**2010 BILL SANDERSON
AVIATION MAINTENANCE TECHNICIAN SCHOLARSHIP APPLICATION**

PART I -- To be completed by applicant
(If possible, please include a resume and photo.)

Please print or type.

Note: All items preceded by an asterisk (*) are evaluation criteria and must be completed

A. PERSONAL INFORMATION

Name: _____

Address: _____

City, State and Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

E-mail: _____

Military Service (if applicable): Branch _____ Rank _____

Title and Duties: _____

*Civilian Helicopter Maintenance Experience: _____

Other Related Experience: _____

B. ACADEMIC INFORMATION

School Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____ Fax: _____

Department Chairperson: _____

*Class Rank or Grade Point Average: _____

Graduation Date: _____

FAA Written Exam Scores: General _____ A/F _____ P/P _____

*If international student, equivalent test scores required with attached explanation from national aviation governing body.

A&P (or equivalent) Issue Date: _____

C. OTHER INFORMATION

*What are your career plans? _____

*Please express your interest in helicopter maintenance: _____

Extra-Curricular Activities: _____

*What are your reasons for applying for this scholarship? _____

D. REFERENCES (2)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Relationship: _____

Length of Time Known: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Relationship: _____

Length of Time Known: _____

The information provided in this application is true and correct to the best of my knowledge.

Signature

Date

List Schools in Order of Preference

- _____ Agusta Aerospace Corporation (A109 series)
- _____ Bell Helicopter Textron, Inc. (any model)
- _____ Eurocopter (all current models, except Super Puma)
- _____ MD Helicopters (500/600/900 series)
- _____ Pratt & Whitney (PT6T, PT6B-36/37 or PW-206 engines)
- _____ Rolls Royce (250 engine – any model)
- _____ Southern Illinois University (Bell 47 & 205 series)
- _____ Turbomeca (Arriel 1 & 2 series and Arrius 2 series engines)

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PART II – To be completed by the AMT Program Director, Administrator or Instructor)

Please print or type

Name: _____

Title: _____

School Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Applicant's program consisted of how many FAR 147 hours? _____

Length of time you have known applicant: _____

In what capacity: _____

Briefly comment on the applicant's:

Attitude _____

Integrity _____

Motivation _____

Your recommendation: _____

Signature

Date