MEMORANDUM FOR ALL UNIT COMMANDERS

DATE: 15 May 2014

SUBJECT: The Spaatz Association Aviation Ground School Scholarship Program for 2014

The Spaatz Association, a benevolent, charitable organization focused on leadership development in CAP cadets, is proud to announce a partnership with the Judge Robert T.S. Colby, the United States Sea Cadets, and the Association of Naval Aviation to promote aviation ground school training in 2014.

This program, now in its 43rd year, provides sport pilot ground school training to cadets, teachers, students, and other aspiring aviators.

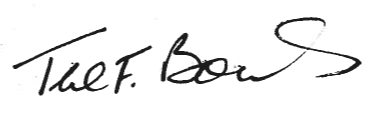
For the 2014 season, the Association will sponsor 10 cadets to attend the program to be held at the **Riverside Military Academy, Gainesville, GA, from 27 July to 2 August**. All entrance fees, lodging, food, and materials are covered by the Association. Cadets are only responsible for transportation to and from the event.

The program is open to cadets who:

* Are at least 15 years old,
* Have completed Phase IV of the Cadet Program (earned the Eaker/Spaatz Award), and
* Have maintained at least a 3.0 GPA (normalized on a 4.0 scale) in school.

To apply for the scholarship, complete the attached application and submit it via the website at [www.spaatz.org](http://www.spaatz.org) not later than MIDNIGHT, 7 June.

NOTE: This program is NOT a Civil Air Patrol program. For more information on the Aviation course or training, contact the course director, Judge Robert T.S. Colby, via [www.aviation.cc](http://www.aviation.cc). For additional information on the ground school scholarship program, visit [www.spaatz.org](http://www.spaatz.org).



TED W. BOWLDS (Spaatz #290)   
Lieutenant General, USAF (Ret.)   
National President, The Spaatz Association

Encl. Aviation Ground School Scholarship Application

cc: CAP/CC

**2014 Aviation Ground School Scholarship Application**

This application, typed or legibly printed must be scanned (with original signature) and submitted to the Association via its web site ([www.spaatz.org](http://www.spaatz.org)). Applications received after 7 June 2014 will not be considered. No paper applications will be accepted.

NOTE that the actual Aviation Ground School (AGS) application is on the last page of this packet. You must also fill in this application and submit it with your Spaatz Association scholarship application. If you are selected for a scholarship, the AGS application will be forwarded to the school. DO NOT send the Spaatz scholarship application NOR the AGS application directly to the Aviation Ground School, at it will be rejected.

Additionally, a copy of your medical insurance card, or other proof of insurance, must be submitted with the application.

For more information on the Aviation Ground School program, visit [www.aviation.cc](http://www.aviation.cc). For more information on The Spaatz Association Ground School Scholarship, visit [www.spaatz.org](http://www.spaatz.org).

# Applicant Information

Name: Click here to enter text. Grade: Click here. CAPID: Click here.

Mailing Address: Click here.

City: Click here. State: Click here. Zip Code: Click here.

Phone: Click here. Email: Click here.

Age/Birthday: Click here. GPA (on a 4.0 scale): Click here.

# Unit Confirmation

Authorizing official: Click here.   
 (Signature of unit commander)

Commander’s Name: Click here. Grade: Click here.

Unit Name: Click here. Charter Number: Click here.

Phone: Click here. Email: Click here.

# Agreement and Release

By signing, I Click here. , as an adult over 18 years of age, or as the Parent/Legal Guardian of Click here. , hereby agree and grant permission for The Spaatz Association to use comments, quotes, or photographs of me, my image, or my likeness, as a grant recipient, for any lawful purpose, including brochures, illustrations, marketing, or for web content to promote the Association and it is services.

If awarded a Spaatz Association Aviation Ground School Scholarship, I agree to provide the Association with documentation of appropriate use of scholarship funds, such as receipts, photos, completion certificates, or narratives of use within 90 days of course completion. Failure to comply with this requirement will make me ineligible for future Association grants and scholarships.

Applicant Signature: Click here. Date: Click here.

Parent/Guardian Signature: Click here Date: Click here.

Parent/Guardian Name: Click here.   
 (If required)

AVIATION GROUND SCHOOL REGISTRATION FORM   
*(TSA will forward registration to the School if applicant is selected for a scholarship)*

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (LAST FOUR DIGITS ONLY): \_\_\_\_\_\_\_\_\_\_\_

Date of Birth:   Yr (           ) Mo (       ) Day (        ) Sex (Circle One):    M       F

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Your Height: \_\_\_\_\_\_\_\_\_ (inches) Weight: \_\_\_\_\_\_\_\_ (lbs) (for shirts and hat)

**Medical Release Form**

***I hereby authorize any physician who cares for my child to administer any treatment and perform such procedures as may be advisable or necessary.***

**I further certify that my child has no allergies and is in good physical and emotional health, except as stated on the application (in remarks below). Applicants taking psychotropic medicines WITHIN THE LAST SIX MONTHS will not be accepted.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *(parent or guardian if the applicant is under age 18)*

Relationship to the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you: NSCC\_\_\_\_ YM\_\_\_\_ NJROTC\_\_\_\_ AFJROTC\_\_\_\_ ARJROTC\_\_\_\_ BSA\_\_\_\_ CAP\_\_\_\_\_ OTHER Specify\_\_\_\_\_\_\_ How did you learn about the program? \_\_\_\_\_\_\_\_\_**

**Do you have Health and Accident insurance? YES\_\_\_\_ NO\_\_\_\_**

**Send a copy of your insurance card with your Registration Form.**