

SCHOLARSHIP APPLICATION FORM

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different than above) _____

Phone Number _____ Grade Point Average _____

High School Attending _____

Aviation Training Facility (if currently enrolled) _____

Address _____ Phone# _____

Community Involvement & Activities: _____

Describe past and present aviation related activities: _____

Please briefly describe your goals related to aviation: _____

Comments you would like to make to the Mel Journey Memorial Scholarship Committee:

I hereby certify that the above statements are true and accurate to the best of my knowledge.

Signature

Date

Please fill out and mail to:

Bremerton Pilots & Tenants Association
Mel Journey Memorial Scholarship Committee
c/o Port of Bremerton
8850 SW State Hwy 3
Port Orchard, WA 98367