



The South County Airport Pilots Association (SCAPA) Scholarship Application Form

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone (daytime): _____ (evening): _____

Birth date: _____ Age: _____

Current School (and major if attending college) and/or Current Job:

Current Aviation Training Program :

U.S. Citizen (yes or no): _____
