

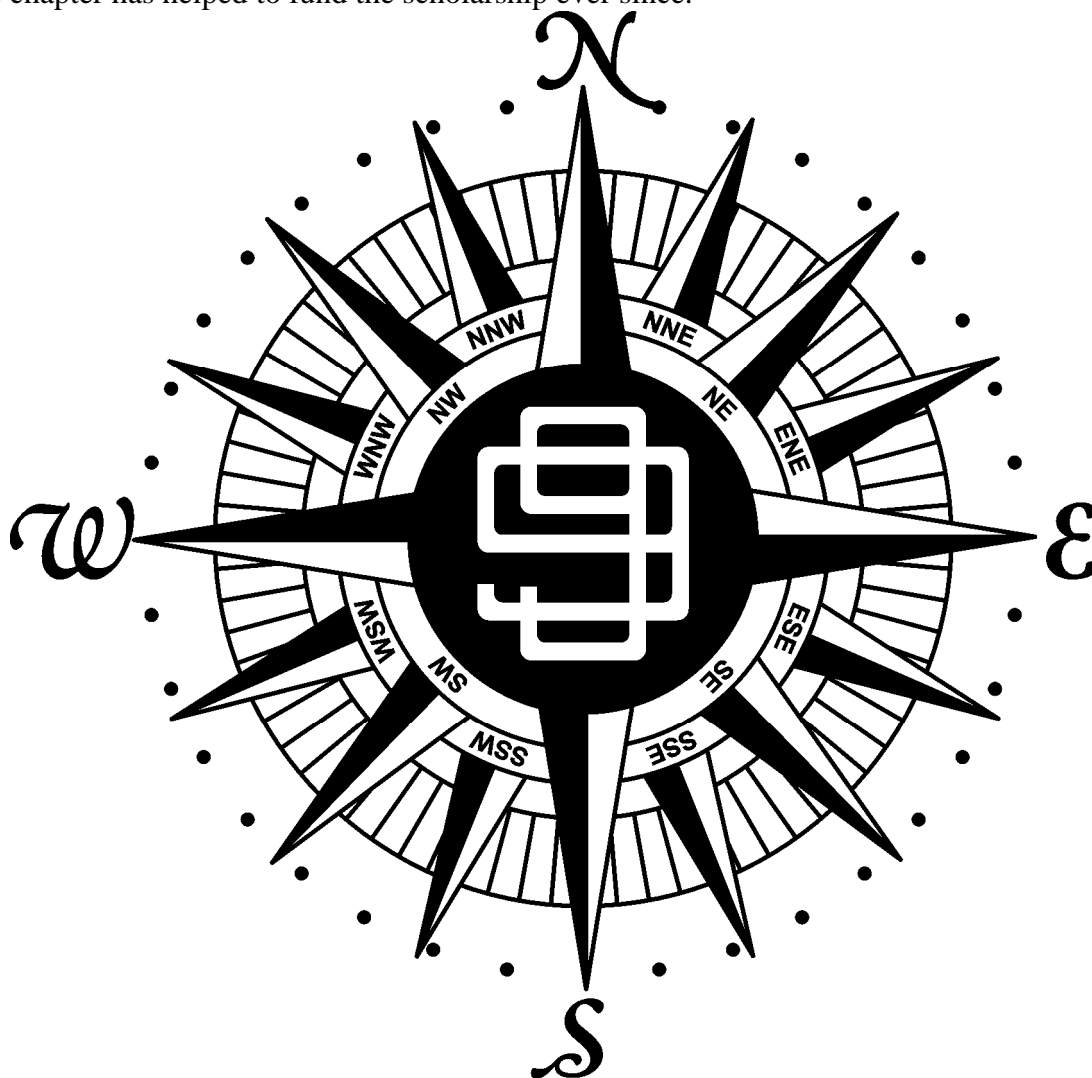
2010

ALICE JACKSON SCHOLARSHIP

Sponsored by the Scioto Valley Chapter of The 99s

Alice Padan Jackson (1919-1996), a chemist who worked for many years at Chemical Abstracts, in Columbus, was Ohio's first woman balloon pilot. In fact she and her husband, Jim, also a balloon pilot, were married while airborne. Alice was an active, delightful member of the Scioto Valley Chapter 99s, a friend and mentor to many.

Soon after Alice's death, Jim Jackson established this scholarship in her memory; his endowment to the chapter has helped to fund the scholarship ever since.



The Alice Jackson Scholarship Fact Sheet

Each year the Scioto Valley Ninety-Nines, an Ohio Chapter of The Ninety-Nines, Inc., the international organization of women pilots, awards a scholarship to honor the memory of Alice Jackson, a balloon pilot and member of the chapter. This scholarship is awarded to an Ohio woman who is interested in aviation to help her fund the training necessary for a balloon or airplane rating or license.

- It is necessary to have completed a minimum of 10 hours flight training to be considered for this scholarship.
- All applicants must decide which flight school or instructor they will use if they are awarded the scholarship, as funds are paid directly to the school or instructor conducting the training. Payment will be initiated upon submission of invoices to the chapter treasurer.
- The scholarship is intended to give financial *assistance*; it may not necessarily cover all of the expenses incurred during flight training. All scholarship recipients ***must begin their training within three months of scholarship award and complete their training no later than two years after the scholarship award.***

HOW DO I APPLY?

Women interested in applying for the scholarship should complete an application form and return it to the Scioto Valley Ninety-Nines in care of Myra Jamison at the address below by ***January 15, 2010.*** You may download the application forms from the web site at www.99s-sciotovalley.org or submit a request for an application by mail or telephone to:

Paula Rumbaugh, Chair
Alice Jackson Scholarship
60 Walhalla Road
Columbus, OH 43202
rumbaugh@oclc.org
(614) 261-7519

WHAT DOES MY APPLICATION NEED TO INCLUDE?

Applicants should be prepared to submit the following items:

- completed typewritten or **neatly printed** application form
- photocopy of your current medical certification or other certification appropriate to the rating being sought (advanced rating only)
- completed eligibility form (for advanced rating only)
- proof of age (copy of birth certificate, driver's license, etc.)
- one-page letter describing reasons for seeking a certificate or rating, experience, and financial need
- letter of recommendation from a professor, current member of The 99s, your supervisor, or a flight instructor
- copy of your Airman's Certificate (for advanced rating only)
- verification of 10 hours minimum flight training (copy of page(s) from logbook)

Applicants must also:

- agree to begin training within three months of scholarship award
- complete training within two years of scholarship award
- agree to join the Ninety-Nines International Organization of Women Pilots and the

Scioto Valley 99s Chapter and remain an **active** member for two years

WHO IS ELIGIBLE?

The requirements for eligibility for a woman interested in obtaining a private pilot certificate (free balloon, airplane, or glider) are as follows:

- must be a woman, age 18 or older
- must be a resident of Ohio (six months or longer)
- must have completed a minimum of 10 hours flight training

The requirements for a woman interested in obtaining an advanced airplane pilot rating or license are as follows:

- must be a woman, with at least a private pilot license
- must be resident of Ohio (six months or longer)
- must be a current member of The 99s, Inc.
- must possess a current medical certificate appropriate for the license or rating sought
- must agree to begin training within three months of scholarship award
- must complete training within two years of scholarship award.

WHAT IS THE SELECTION PROCESS?

The following order of preference is used in considering the Alice Jackson Scholarship applicants:

1. an applicant wishing to obtain a balloon rating, or advanced rating,
2. an applicant wishing to obtain a private pilot certificate or advanced rating
3. a Scioto Valley 99s member wishing to obtain an advanced airplane rating or license
4. any Ohio 99s member wishing to obtain an advanced rating.

WHAT INFORMATION SHOULD BE COVERED IN MY LETTER?

- Why do you want the license or rating? Your letter must describe your reasons.
- Determine your financial need. You need not be destitute to apply, but please be aware that preference will be given to women who cannot obtain the desired rating without financial assistance. Please detail financial need in your letter.
- You are **not** eligible if you have been awarded an Amelia Earhart Memorial Scholarship for the same period.
- Be sure you know the qualifications required for the rating or license you want. Remember that you must begin your training within three (3) months of being awarded the scholarship and you must obtain the license or rating within two (2) years.
- We will take into consideration any self-help such as written exams already passed, textbooks purchased, flight hours already completed, or any other way you may have helped yourself. Please describe such experience in your letter.
- Please remember that if you apply for a specific license or rating, but earn it before you are awarded the scholarship, you will forfeit the award. Also, no payment is made for training taken before official notice of winning the award.

Although ***Thursday, January 15, 2010*** is the deadline, do not wait, as the application must be postmarked by that date. We want to help if you have overlooked anything and still be sure your application has time to be fully considered by the deadline date. ***You will be notified of the chapter selection by February 15, 2010 and will be presented with a certificate of award at the March chapter meeting (date TBA).***

THE ALICE JACKSON SCHOLARSHIP APPLICATION FORM

Please read the FACT SHEET carefully. Application must be postmarked by the deadline date. See Fact Sheet for address and deadline date.

NAME	DATE OF BIRTH	TELEPHONE
ADDRESS	CITY	ZIP
LENGTH OF TIME AT CURRENT ADDRESS	IF LESS THAN 6 MONTHS, PREVIOUS ADDRESS	

E-mail address: _____

Employer (if applicable): _____

Current Position: _____

School (if applicable): _____

Course of Study: _____

Year in School: _____

Number of Dependents (if any) _____

The scholarship will be used for what license or rating?

Have you applied for another aviation scholarship this year for this license or rating?

Yes _____ No _____ If yes, which? _____

What aviation experience have you had previously, if any?

What classes have you had recently, if any that would pertain to your aviation experience?

Aircraft to be used: _____ Make: _____ Model: _____

ESTIMATED COST:

Dual time:	Aircraft rental	_____ hrs @ _____ /hr =	\$ _____
	Instructor time	_____ hrs @ _____ /hr =	\$ _____
Solo time:	Aircraft rental	_____ hrs @ _____ /hr =	\$ _____
Ground school:		_____ hrs @ _____ /hr =	\$ _____
Flight simulator:	Rental	_____ hrs @ _____ /hr =	\$ _____
	Instructor time	_____ hrs @ _____ /hr =	\$ _____
Check ride:	Aircraft rental	_____ hrs @ _____ /hr =	\$ _____
	Examiner time	_____ hrs @ _____ /hr =	\$ _____
Other:	(use separate page)	_____ hrs @ _____ /hr =	\$ _____
TOTAL			\$ _____

Name of school or qualified instructor: _____

Address: _____

Phone: _____

I certify that the above cost information is true and correct.

Instructor name: _____

CFI certificate number: _____ Date: _____

Signature: _____ Date: _____

If I receive this scholarship, I will complete the project for which this application is submitted within two years.

If not at this time a member of The Ninety-Nines, Inc., I agree to join the international organization and the Scioto Valley Chapter and to retain that membership in good standing for two years following the completion of the certificate or rating. If currently a 99s member, I agree to maintain that membership for two years and if currently a Scioto Valley member, I agree to maintain that membership for two years.

I understand that the funds are to be used ONLY for the purpose for which I am applying.

I attest to the fact that my application reflects an honest appraisal of my ability to compete the goal requested herein.

I certify that the above statements and all information in this application are true and correct.

Applicant signature: _____ Date: _____

THE ALICE JACKSON SCHOLARSHIP ELIGIBILITY FORM

APPLICANTS FOR AN ADVANCED RATING MUST COMPLETE THIS FORM

NAME	99S CHAPTER	NO. YEARS.
AIRMAN CERTIFICATE NO.	CERTIFICATE DATE	DATE OF LAST BFR
MEDICAL CERTIFICATION CLASS:	DATE OF LAST MEDICAL:	

EXPERIENCE:

	HOURS	NIGHT	ACTUAL INSTRUMENT	SIMULATED INSTRUMENT	SIMULATOR	CROSS CENTRY	PIC
SEL							
MEL							
OTHER*							
TOTALS							

*DEFINE OTHER:

LICENSES AND RATINGS NOW HELD

	Aircraft	Ground Instructor	Flight Instructor	Other
Private ____	ASEL ____	BASIC ____	SE ____	____
Commercial ____	AMEL ____	ADV ____	ME ____	____
ATP ____	ASES ____	INSTRU ____	INSTRU ____	____
Instrument ____				