

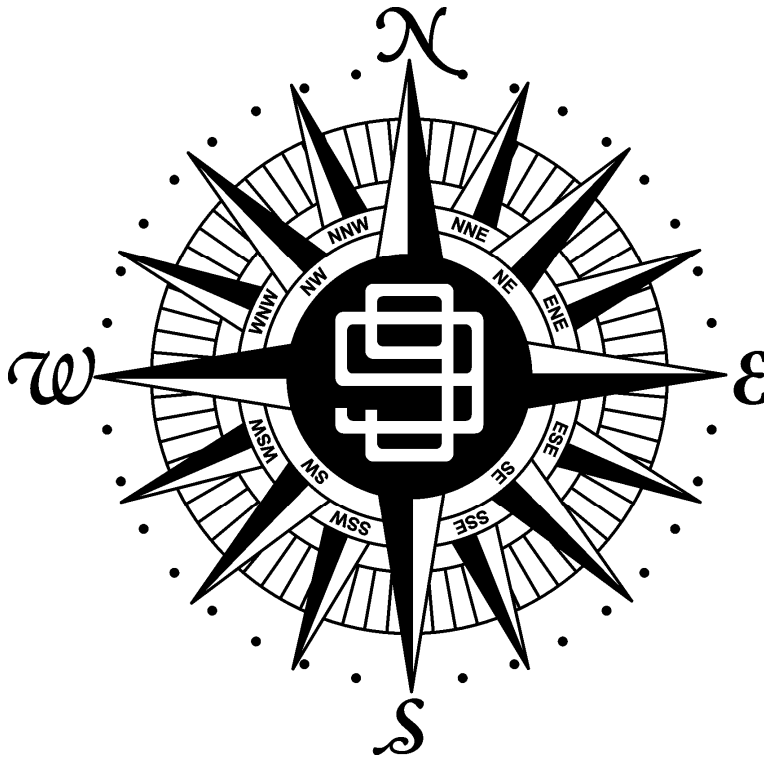
# CHAD COUNTISS MEMORIAL SCHOLARSHIP

Sponsored by the Scioto Valley Chapter of The 99s

Charles (Chad) Elwood Countiss (1930-1999) was an avid pilot who flew both for business and pleasure. He took his first flying lesson in 1986 in his own airplane, N458D, a Grumman Tiger that he kept spotless and in mint condition from that first flight to his last, in early 1999.

After taking the Scioto Valley 99s' pinch hitter course in September 1990, Chad's wife, Carol, herself became enthralled with flying and went on to earn her own wings in June the following year. Together, now sharing the piloting duties, Carol and Chad flew N458D to countless destinations in the U.S. and Canada. Carol joined the Scioto Valley chapter in 1991.

Chad Countiss was a magical, charismatic man who loved life and gave freely to everyone who touched his life. As Carol's husband, he was supportive of not only her flying but of the Scioto Valley 99s activities and volunteered many hours to its aviation service projects. A man truly loved by family, 99s members, business colleagues, and friends, he is still missed by those who knew him but by no one more than by his wife. Carol dedicates this scholarship, with love, in his memory.



# The Chad Countiss Memorial Scholarship Fact Sheet

The Scioto Valley Ninety-Nines, an Ohio Chapter of The Ninety-Nines, Inc., the international organization of women pilots, is pleased to announce the availability of a \$6,000 scholarship to honor the memory of Chad Countiss, the late husband of chapter member Carol Countiss. This scholarship is available for the second half of 2010; it will be awarded to an Ohio woman who is interested in aviation to help her fund the training necessary for obtaining her private pilot license.

1. It is necessary for applicants to have a current medical certificate and to have completed a minimum of 10 hours flight training to be awarded this scholarship. Exceptions may be made by the Scholarship Committee if an applicant has demonstrated a significant commitment to the chapter in the months preceding their application. Also, be aware that you can apply for the scholarship even if you have not yet completed 10 hours of training. You must show completion of those hours, however, before the scholarship can be awarded to you.
2. 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.
3. The 2010 scholarship is in the amount of \$6,000; it is intended to give financial assistance; it may not necessarily cover all of the expenses incurred during flight training. The scholarship recipient must complete her training no later than two years after the scholarship award. In addition, the recipient will be asked to give quarterly written progress reports to the Scholarship Committee.

## HOW DO I APPLY?

Women interested in applying for the scholarship should complete an application form *as soon as possible* and return it to the Scioto Valley Ninety-Nines in care of Paula Rumbaugh at the address below. You may download the application forms from the web site at [www.99s-sciotovalley.org](http://www.99s-sciotovalley.org) or submit a request for an application by e-mail, U.S. mail, or telephone to:

Paula Rumbaugh, Chair  
Chad Countiss Memorial Scholarship  
60 Walhalla Road  
Columbus, OH 43214  
(614) 261-7519 - H  
[prumbaugh@columbus.rr.com](mailto:prumbaugh@columbus.rr.com) or  
[rumbaugh@oclc.org](mailto:rumbaugh@oclc.org)

## **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 request for exception (see #1 above)
- proof of age (copy of birth certificate, driver's license, etc.)
- one-page letter describing reasons for seeking a certificate, experience, and financial need
- letter of recommendation from a professor, current member of The 99s, your supervisor, or a flight instructor
- verification of 10 hours minimum flight training with copy of page(s) from logbook or request for exception (see #1 above)

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
- agree to submit a quarterly written progress report to the Scholarship Committee

## **WHO IS ELIGIBLE?**

The requirements for eligibility for applicants for the Chad Countiss Memorial Scholarship 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 (may request an exception)
- must not be a recipient of an Amelia Earhart Memorial Scholarship for the same rating

## **WHAT INFORMATION SHOULD BE COVERED IN MY LETTER?**

- Why do you want the license? 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.
- 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 describe your prior involvement with the Scioto Valley chapter (i.e., meeting attendance, hosting a meeting, and other activities) as well as any other aviation activities

You will be notified of the chapter's decision within one month of application receipt.

# THE CHAD COUNTISS MEMORIAL 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.

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

E-mail address: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Current Position: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Course of Study: \_\_\_\_\_

Year in School: \_\_\_\_\_

Number of Dependents (if any) \_\_\_\_\_

Have you applied for another aviation scholarship this year for your private license?

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 =	\$ _____
<b>TOTAL</b>			\$ _____

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. 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: \_\_\_\_\_