



2017 Certified Flight Instructor Helicopter Rating
Scholarship Application

Please provide:

A. PERSONAL INFORMATION

Name (First, Middle, Last)	Permanent Mailing Address:
Date of Birth (Month, Day, Year)	Citizenship:
Phone:	E-mail Address:
Current Employer:	
Title:	

Airman Certificates:

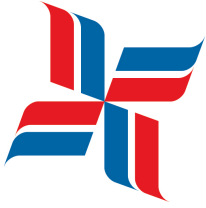
Please include legible copies, front and back, of any and all FAA or International Equivalent Certificates. Minimum Private Pilot Helicopter Rating or International Equivalent.

Class and Date of Medical Certificate:

Minimum requirement 2nd Class or International

Copy of last page of pilot logbook:

Current Resume:



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B. FLIGHT EXPERIENCE

Make/Model									
Turbine									
Reciprocating									
Cross Country									
Instrument									
Helicopter									
Last 6 months									
Total Time									
Total Time PIC									
Airplane									
Last 6 months									
Total Time									
Total Time PIC									
Total									

C. EDUCATION AND TRAINING

	School Name	City & State	Dates Attended	Degree or highest level attained	Major and/or Minor
High School or International Equivalent					
College, Trade School or Special Courses					
Flight School					

When and where did you receive your Commercial Helicopter Pilot Rating?



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D. EMPLOYMENT RECORD

List with most recent employer first. Please include military service.

Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:

Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:



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Company Name:	
Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
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Describe your job duties:

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Describe your job duties:



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Describe your job duties:

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Address:	Dates of Employment:
City:	Your Job Title:
State:	Annual Salary:
Zip code:	Your Supervisor's Name:
Country:	Reason for Leaving:

Describe your job duties:



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E. FURTHER INFORMATION

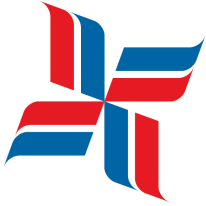
- Honors and awards you have received:
- Organizations in which you hold membership:
- Achievements or contributions you have made in aviation:
- Involvements in aviation related activities:
- How you have helped others become interested in aviation:
- Your career goals in the helicopter industry and how this scholarship will help you achieve them:
- Your involvement in any helicopter organization activities:
- Any relatives, personal acquaintances or business associates who are involved in any helicopter organization activities or in the helicopter industry:



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In at least 300 words, describe what sparked your interest in aviation and why you want to be a helicopter certified flight instructor?

This scholarship elevates your qualification to the CFI level. Please describe how you intend to use this qualification to improve safety across the helicopter industry to realize the Bristow aim of meeting Target Zero?



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F. FINANCIAL INFORMATION

The following financial information will remain completely confidential and will only be seen by the Bristow Scholarship Selection Committee members. This information will be destroyed upon completion of the selection process or the time limit for completion of training.

- Total annual household income: (If you are head of household, list family structure)
- List all sources of income you have and associated annual amounts:
- List all assets and estimated value (home, automobile, land, stocks, savings accounts, etc.)
- List all liabilities and amount of each (mortgage, rent, car payment, consumer debt, school loans, etc.)
- Does a family member provide you with discounted or free access to living accommodations? If yes, explain:
- Are you listed as a dependent on anyone's income tax return? If yes, explain:
- Are you provided discounted or free access to helicopter flight time and/or maintenance training or instruction? If yes, explain: Why do you need this financial assistance?



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G: LETTERS OF RECOMMENDATION:

Three letters of recommendation are required, one of which must be an instructor. Letters should be from employers, flight instructors, or others within the industry that can attest to your background, training and experience as it relates to the aviation industry.

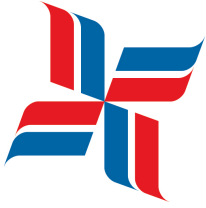
Name of applicant:

Recommended by:	
School or Organization:	
Address:	
City, State, Zip Code:	
Telephone Number:	
E-mail address:	
Relationship:	
Length of Time Known:	
Comments:	

I hereby certify that the information provided is true and correct to the best of my knowledge. Please provide an electronic signature and e-mail to

Chiles.Scholarship@BristowGroup.com

Or sign the letter and fax to: Nick Mayhew at 321-267-1061.



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H: REFERENCES

Two references are required. References should be from employers, professionals, representatives of community organizations, etc.

Name:	
Title:	
Company or organization:	
Address:	
Phone:	
Length of time known:	

Name:	
Title:	
Company or organization:	
Address:	
Phone:	
Length of time known:	



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I: Helicopter Flight Training

Flight training provider Address and phone:	Bristow Academy (allow 8 weeks)	
Type of rating desired:	CFI	
Flight hours (S300CBi):	17.5 hrs (16 hrs dual instruction / check ride rental 1.5 hrs)	
Ground School		60 Hrs
Tutored Instruction		11 Hrs
Pre Post Flight Briefing		2.2 Hrs
Written tests		2 - 1 attempt each
Check ride Examiner's Fee		1 attempt

I understand that scholarship monies will be available only at Bristow Academy. I also understand that the training listed above is the maximum allowed under this scholarship scheme. Any additional training that may be required to reach the CFI standard or pass a test will be at my own expense. Scholarship monies must be used for training purposes only.

ACKNOWLEDGEMENT:

By signature below, I certify and attest that all information provided is true and complete to the best of my knowledge. (Falsification of documents can disqualify applicant.) I further understand that subsequent to use of funds, if falsification is discovered, candidate is liable for reimbursement.

Signature or electronic signature of Applicant:

Date: