



2012 Application for Angel MedFlight's SCHOLARSHIP FOR EXCELLENCE IN AVIATION

Presented in Partnership with the Arizona Business Aviation Association (AZBAA)

NAME (First, Middle, Last) _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

SCHOOL ID # _____

NAME OF COLLEGE _____

U.S. CITIZEN (Yes/No) _____ GPA (Convert to 4.0 Scale) _____

EXPECTED GRADUATION DATE _____

To apply, candidates must submit the following:

1. Completed Application Form
2. Three-Minute Video Biography
3. Two Letters of Recommendation
4. Official School Transcript
5. Resume

Please mail the completed submission to:

Angel MedFlight
Attn: Scholarship Committee
8014 East McClain, Suite 220
Scottsdale, AZ 85260

Submissions must be postmarked by June 4, 2012 for consideration.

I understand that the information provided on this application form and in accompanying documents is true and accurate. I also understand that any information that is found to be false or inaccurate may disqualify me from consideration. I authorize dissemination of this information to those individuals having to review my application. If granted the scholarship, I agree to the publication of my name and likeness by Arizona Business Aviation Association (AZBAA) and Angel MedFlight Worldwide Air Ambulance.

I agree to the conditions established for this award by AZBAA and Angel MedFlight Worldwide Air Ambulance. I understand that this award is contingent upon the financial support of AZBAA and that neither AZBAA nor related individuals are responsible for any financial liability. I have reviewed the complete list of rules and guidelines provided.

Applicant Signature _____ Date _____

877.264.3570

AngelMedFlight.com | 8014 E. McClain, Suite 220 | Scottsdale, Arizona 85260 | Fax 888.883.9506