



**2024 Tom Pagnano Memorial
SCHOLARSHIP APPLICATION
\$4000 for a Student Pilot**

Please provide the following information. All information will be considered confidential.

PILOT INFORMATION:

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: (circle one) Home, Work, Cell: _____

E-mail Address: _____

FLIGHT INFORMATION:

Dates student pilot and medical certificate issued: _____

Date Soloed: _____

Most recent FAA Written Test: _____ Date: _____ Score: _____

Total number of flight hours: _____

Total hours flown in past six months: _____

Have you ever been involved in any type of flight related accident or incident? If yes, please explain.

