



**2024 Tom Pagnano Memorial  
SCHOLARSHIP APPLICATION  
\$2500 for an Advanced Rating**

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 pilot and medical certificate issued: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_