Application for the John E. Kirk Aviation Scholarship

Name_____ Today's Date _____
Last, First Middle

Mailing Address _____ Phone_____

City, State, Zip _____ High School_____

Email address_____ Date of Birth_____

TO BE FILLED OUT BY APPLICANT'S GUIDANCE COUNSELOR: I attest that the above named student is a Senior in good standing and meets the scholarship's scholastic requirement of 3.0 GPA.

_____ _____
Counselor's Signature Phone Number for Verification Purposes

_____ _____
Counselor's Printed Name High School

APPLICANT: Please comment below on why you are applying for this scholarship. Please print neatly.
Alternatively, you may attach a type written or computer-printed summary.
Mail application to CRYSTAL AERO GROUP, INC., PO Box 2050, Crystal River, FL 34423.

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Applicant's Signature