

Hood River Soaring Youth Work-Study Application

for Hood River Soaring Youth Members Age 13-25

Applicant Name: _____

Birthdate: _____ Phone(s): _____

Applicant aviation experience (*check all that apply*):

- Pre-solo written exam completed (*required for this program*)
- Student Pilot (certified)
- Light Sport Pilot
- Private Glider Pilot
- Private (power) Pilot
- Total flight time logged: _____

Aviation Goal(s): _____

Special skill/areas of interest (*check all that apply*):

Ground Crew___ Writing___ Maintenance___ Web Design___ Social Media___

Other_____

Applicant Signature: _____ Date: _____

Parent/Guardian Name (*if applicant is a minor*): _____

Parent/Guardian signature: _____ Date: _____

HRS Mentor: _____

Please complete form and submit to any member of the HRS Youth Program Committee or scan and email to admin@hoodriversoaring.org.

Please note: Each application will be considered based on information included on this form. Financial assistance through this program is limited. It is not guaranteed, nor shall it be construed as a primary source of funding for the completion of applicants goals. Aid shall be awarded at the sole discretion of the Youth Program Committee. No member of HRS, the HRS Board of Directors, the HRS Youth Program Committee, or heirs thereof shall be held liable for injury or death resulting from activities supported by this program. The signatures above indicate a full understanding and agreement to these terms and conditions.

Work Study Applicant: () approved () denied Date: _____

Officer Signature: _____ Title: _____