

## Applicant Statement Read carefully before signing

I wish to apply for a place on a course designed to give disabled people the opportunity to enjoy a flying training experience.

I am unable to finance the course.

*Please tell us, in no more than two A4 pages, your personal circumstances and why you wish to be considered for a Suzi Duncan Scholarship.*

### DECLARATION

I understand and agree that my acceptance or otherwise for the course or a scholarship is completely at the discretion of Wheelies with Wings.

I indemnify and release Wheelies with Wings against all claims and expenses related to my participation in the course. Wheelies with Wings is not liable to indemnify me against any risk whatsoever including any action which may later be found negligent.

I am personally responsible for all arrangements regarding medical and any other insurance which I consider appropriate in the circumstances. Prior to undertaking the course I have made or will make professional inquiries regarding the type and levels of insurance which I should obtain. I understand that Wheelies with Wings is not an insurance expert and is unable to advise me on the adequacy of any insurance.

I agree to accept accommodation at Polo Flat Airfield while undergoing the course as I understand that part of the aim of the course is to encourage disabled people to develop a spirit of independence, self-reliance and camaraderie.

**continued overleaf**

SIGNED: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/200\_\_

### Checklist

#### Have you included

1. Application form
2. Letter telling us about you
3. Local flying club signature
4. Doctor's letter
5. Full length photo of you



**S U Z I D U N C A N  
S C H O L A R S H I P S**

Mr. David Clegg  
C/- Post Office  
BERRIMA NSW 2577

Phone: 02 4877 2772

Fax: 02 4877 2773

Email: [cleggair@acenet.com.au](mailto:cleggair@acenet.com.au)

[www.wheelieswithwings.com.au](http://www.wheelieswithwings.com.au)



## Application for a Suzi Duncan Scholarship



**SUZI DUNCAN**

# Your Details

*private and confidential*  
Please print clearly

NAME: _____
DATE OF BIRTH: ____/____/19____
ADDRESS: _____ _____
CITY: _____ STATE: _____
POSTCODE: _____
TELEPHONE: (____) _____
FAX: (____) _____
EMAIL: _____

IF YOU ARE UNSUCCESSFUL, WOULD YOU LIKE TO BE KEPT ON FILE FOR CONSIDERATION OF FUTURE COURSES.

[ ] YES [ ] NO

<b>Office use only</b>
DATE OF NEXT COURSE: ____/____/200____
APPLICATION FOR THIS COURSE MUST BE RECEIVED BY: ____/____/200____

## Describe your disability

(Minimum requirement is ability to drive a car and to live away from home unaccompanied)


## A FULL LENGTH PHOTO & A COPY OF YOUR DRIVERS LICENCE (if held) MUST ACCOMPANY THIS APPLICATION

## Educational background


Tell us about your schooling and any other learning you have undertaken.

## Have you flown in a light aircraft

Circle one      Yes      No

## Application procedure

**Step 1.** Obtain a certificate from your local medical practitioner stating that you are medically fit to fly and are not on any medication that would prevent you from driving a car. **(THE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION)**

**Step 2.** Visit your local flying club or school. Invite the Chief Flying Instructor to complete and sign the following certificate.

I certify that:
is capable of entering and exiting a low-wing aircraft e.g. Warrior/Cherokee unaided.
Organisation:
Telephone:
Name:
Signature:
Date:

**Step 3.** If you haven't previously flown we recommend that you take a Trial Introductory Flight with the club or school to establish that you would enjoy a flying experience.

**Step 4.** Sign and forward this application to:

<b>S U Z I D U N C A N</b> <b>S C H O L A R S H I P S</b>
<b>Mr. David Clegg</b> <b>C/- Post Office</b> <b>BERRIMA NSW 2577</b>
Phone: 02 4877 2772 Fax: 02 4877 2773 Email: cleggair@acenet.com.au www.wheelieswithwings.com.au