



helping wings

*Enabling the disadvantaged and the disabled of all ages to share the exhilaration and fulfilment of flying*

## Helping Wings launches the 2016 Flying Scholarship for the Disabled

Helping Wings, the Jersey light aviation charity, is delighted to announce its 2016 bursary worth £2000 of flying training with the Jersey Aero Club for a local disabled person.

Around the world, many disabled people have discovered that the freedom associated with being able to fly an aircraft is within their reach. Their disability is not necessarily a barrier to gaining a Private Pilot's Licence.

The scholarship will enable the successful candidate to complete enough training to be at (or close to) the point where they are ready to fly solo. It is important to emphasise that applicants will not need to hold a flying medical. This enables Helping Wings to reach more people with a wider range and degree of disability. The principal aim of the scholarship is to give a unique personal experience and opportunity.

Throughout the year, Helping Wings provides a number of flying experiences to local disabled people. Helping Wings will shortly be purchasing an adaptation to the flying controls which will allow a lower limb disabled person to complete their Private Pilot's Licence.

*Helping Wings is grateful for the financial support of the Ports of Jersey who, for the fourth year, are covering the cost of the scholarship.*

Applicants who should be over 15 years of age and able to complete the flying course during 2016. You can either apply personally or be nominated. The application form follows or can be downloaded from our website [www.helpingwingsjersey.org](http://www.helpingwingsjersey.org) , collected from the Jersey Aero Club or requested by email on [hello@helpingwingsjersey.org](mailto:hello@helpingwingsjersey.org)

*Our Patron – The Lieutenant Governor, His Excellency General Sir John McColl, KCB, CBE, DSO.*



## 2016 Flying Scholarship Application

### NOMINATION FORM

We are delighted that you are nominating a candidate for the Helping Wings Flying Scholarship. Please read all the documentation carefully.

Please return this form, duly completed, to Helping Wings c/o Jersey Aero Club, Avenue de la Reine Elizabeth II, St Peter, Jersey JE3 7BP or by email to [hello@helpingwingsjersey.org](mailto:hello@helpingwingsjersey.org) no later than MONDAY 18th APRIL 2016. Please write clearly.

I .....would like to nominate.....for the 2016 Helping Wings Flying Scholarship.

I feel that the flying scholarship will be of benefit because ..

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(Please continue on a separate sheet of paper if necessary)

#### **My contact details are:**

- Address:
- Telephone number:
- Email:

Signature:

Date:

## Candidate's details:

- Name:
- Address:
- Telephone number:
- Email:
- Date of birth:
- Has the candidate lived in Jersey for over 5 years?
- Occupation:
- Interests, hobbies & sport participation:
- Disability:
  
- Has the candidate ever flown in a light aircraft?

On receipt of this form, we may invite the candidates to come and meet us so that we can find out more about them and explain the flying training. We will also show them the aircraft we use for training.

To be eligible for the scholarship, *the candidate must be over 15 years old*. We would also expect the successful candidate to be available for media interviews and photographs to help us raise funds to offer further scholarships. Whilst a medical examination is not necessary, we may seek a medical opinion to ensure that both the successful candidate and the instructors can complete the scholarship safely.

We will not share the information on this form beyond the selection panel without the applicant's consent. We will only retain the application form of the successful applicant whose details will be shared with the Jersey Aero Club instructor.

## The candidate:

I agree to my nomination for a Helping Wings Scholarship. I have read the notes and accept the conditions on this form. I understand that all flying training must be completed by the end of 2016.

Signature:

Date:

Parents/Guardians name and signature required if under 18.

If short listed for the scholarship, we will require two referees, not a close family member, to support your application. Please supply details below:

### **Referee (1)**

- Name:
- Address:
- Email:
- Telephone No:

### **Referee (2)**

- Name:
- Address:
- Email:
- Telephone No:



## 2016 Flying Scholarship Application

### OWN APPLICATION FORM

We are delighted that you are applying for the Helping Wings Flying Scholarship. Please read all the documentation carefully.

Please return this form, duly completed, to Helping Wings c/o Jersey Aero Club, Avenue de la Reine Elizabeth II, St Peter, Jersey JE3 7BP or by email to [hello@helpingwingsjersey.org](mailto:hello@helpingwingsjersey.org) no later than MONDAY 18th APRIL 2016

Please write clearly.

I .....would like to apply for the 2016 Flying Scholarship.

I feel that the flying scholarship will benefit me because ..

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(Please continue on a separate sheet of paper if necessary)

## My contact details are:

- Name
  
- Address:
  
- Telephone number:
- Email
- Date of birth:
  
- Have you lived in Jersey for over 5 years?
  
- Occupation:
  
- Interests, hobbies & sport participation:
  
  
- Disability:
  
  
- Have you ever flown in a light aircraft?

On receipt of this form, we may invite you to come and meet us so that we can find out more about you and explain the flying training. We will also show you the aircraft we use for training.

To apply for the scholarship, ***you must be over 15 years old***. If you are successful, we would expect you to be available for media interviews and photographs to help us raise funds to offer further scholarships. Whilst a medical examination is not necessary, we may seek a medical opinion to ensure that both the successful candidate and the instructors can complete the scholarship safely.

We will not share the information on this form beyond the selection panel without your consent. We will only retain the application form of the successful applicant whose details will be shared with the Jersey Aero Club instructor.

**Signature:**

**Date:**

**Parents/Guardians name and signature required if under 18.**

If you are short listed for the scholarship, we will require two referees, not a close family member, to support your application. Please supply details below:

**Referee (1)**

- Name:
- Address:
- Email:
- Telephone No:

**Referee (2)**

- Name:
- Address:
- Email:
- Telephone No: