



The Rob Cable Memorial Flight Scholarship is awarded each year in memory of a wonderful friend of aviation and an outstanding pilot with a great love of flying. It is hoped that Rob Cable's spirit will live on in the accomplishments of those who follow in his flight path.

The scholarship will provide aviation education and training for selected candidates who have a passion for flying or a career in aviation maintenance.

## Scholarship Terms and Conditions

1. Applicant must be an United States Citizen
2. Applicants must have reached their 16<sup>th</sup> birthday by January 1 of the year in which the scholarship is awarded. (There is no upper age limit.)
3. Applicants must show proof of completion of a Private Pilot Ground School.
4. Applicants must have their FAA Medical Student Pilot Certificate.
5. There are no scholarship restrictions based on gender, race, ethnicity, disability, or age, other than those imposed by Federal Aviation requirements.
6. Applicants must not have a record of felony conviction, driving under the influence, or record of abuse of recreational or prescription drugs.
7. Successful candidates must complete their training within one year.

**ROB CABLE MEMORIAL  
SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

I am currently in school full time \_\_\_\_\_ I am currently in school part time \_\_\_\_\_

I am currently full time employed \_\_\_\_\_ I am in school and work part time \_\_\_\_\_

**Please include the following with your application:**

- A short statement describing why you would like to learn to fly or become an A & P. (Please type your submission.)
- School Transcripts (if you are currently in school, # of units / semester-quarter)
- A Curricula Vitae of your work history (3 years)
- Two letters of recommendation (not from family members)
- A brief summary of your participation in community service
- Certificate/sign-off for completion of Private Pilot Ground School
- A copy of the Student Pilot Certificate

I have read all of the terms and conditions on the back of this application and believe I meet the requirements for a successful candidate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, return to the Cable Airport Office,  
Attention: Cable Airport Foundation  
ATTN: Michael Stewart  
1749 W. 13<sup>th</sup> Street, Upland, CA 91786