



Benton Air Center
AVIATION SCHOLARSHIP PARTICIPATION FORM

Benton Air Center's Aviation Scholarship Applied for:

_____, wishes to participate in the Benton Air Center's Aviation Scholarship program, which will include aviation ground school and flight training. I certify that I am the child's legal guardian, and I give him/her permission to participate in this program. I also agree to hold harmless for all personal injury which might result from participation in any part of the Benton Air Center Aviation Scholarship program all participants and sponsors of the Benton Air Center Aviation Scholarship program in Shasta County (CA), including, those who contributed funding to the Scholarship program, and those involved in the selection process for Benton Air Center's Aviation Scholarships.

Legal Guardian: _____
(If minor under the age of 18 is participating)

Address: _____

Telephone Number: _____

Email Address: _____