

## **NORTHROP RICE FOUNDATION**

### **INSTRUCTOR ASSISTANCE PROGRAM**

#### **GENERAL INFORMATION**

This program was established on the premise that there are many short-term training programs offered by the airlines, manufacturers, vendors, and industry organizations free of charge to eligible participants if the individual can provide the travel and per diem funds to attend. Since providing these funds is a financial difficulty for many instructors this program is intended to cover those costs. The extent of the financial coverage is for one- to three-day workshops, seminars, etc. where the costs for travel and per diem expenses would be in the range of \$800.00 to \$1200.00. Application is made by submitting the proper forms to the Board of the Northrop Rice Foundation. Eligibility is not on a competitive basis but on merit. In order to be eligible an instructor must be teaching at an Approved PART 147 school. Upon submission of proper documentation the Foundation will reimburse the individual for a pre-agreed amount.

The requirements on the part of the instructor are the submission of documentation from the training provider verifying successful completion of the training and a brief report about the training that can be publicized in the NRF and ATEC newsletters.

Completed applications are to be sent to me for submission to the Board of the Foundation for review. If more specific information is required please contact me.

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**NORTHROP RICE FOUNDATION**

**REQUEST FOR TRAINING STIPENDS  
FOR PART 147 SCHOOL INSTRUCTORS**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ eMail Address \_\_\_\_\_

Name of School Where Employed \_\_\_\_\_

School Address \_\_\_\_\_

Telephone \_\_\_\_\_ eMail \_\_\_\_\_

Is This School Part 147 Approved? \_\_\_\_\_ ATEC Member? \_\_\_\_\_

Type of School: High School \_\_\_ Community College \_\_\_ University \_\_\_\_\_

Proprietary \_\_\_ Industry \_\_\_ Other \_\_\_

Describe the purpose for which the financial assistance will be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this financial aid enhance your work as a Part 147 instructor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the programs or training that you would participate in if financial aid is provided

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Please provide a schedule of time and cost for the activities in which you plan to participate.

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Name of Training Facility \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ eMail \_\_\_\_\_

Contact Person \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

School Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_