

BIOGRAPHICAL INFORMATION FILE

Last Name	First	Middle
Maiden Name		
Street Address		
City	State	Zip
Home Phone Number	E-mail address	Date Submitted

SPECIFIC AVIATION HISTORY

Solo date	Place
Aircraft	Instructor
Licenses and/or ratings and dates	
Aircraft flown	

AVIATION HISTORY

Pilot Airplane	Pilot RotorCraft	Pilot Glider	Pilot Lighter than Air
<input type="checkbox"/> Aerospace	<input type="checkbox"/> Fixed Base Operator	<input type="checkbox"/> Relative of any of the above categories	
<input type="checkbox"/> Artist	<input type="checkbox"/> Writer	<input type="checkbox"/> Curator	<input type="checkbox"/> Archivist
<input type="checkbox"/> Historian	<input type="checkbox"/> Educator	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Builder
<input type="checkbox"/> Other		<input type="checkbox"/> Restorer	

EMPLOYMENT RECORD

Present Employer
Brief description of job
Previous Employer
Brief description of job

International Women's Air & Space Museum
Burke Lakefront Airport
1501 N. Marginal Road, Room 165
Cleveland, Ohio 44114
(office) 216.623.1111 (fax) 216.623.1113
www.iwasm.org

MILITARY RECORD

Present Military affiliations

None Retired Reserve (active) Reserve (inactive) Other

Branch _____

From _____ To _____

Highest Rank _____

Decoration of Awards _____

EDUCATION HISTORY

HIGH SCHOOL	
Location	Major Course/Study
Years attended	Graduated Yes _____ No _____
Diploma	
TECHNICAL/TRADE SCHOOL	
Location	Major Course/Study
Years attended	Graduated Yes _____ No _____
COLLEGE or OTHER EDUCATION/TRAINING	
Location	Major Course/Study
Years attended	Graduated Yes _____ No _____

PERSONAL HISTORY

Birth Date	Place of Birth
Father's Name	Mother's Name
Spouse's Name and date of Marriage	
Number of Children	Number of Grandchildren
Civic or Cultural Activities	
Professional Memberships	
Honors, Awards or Grants	

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