BIOGRAPHICAL INFORMATION FILE

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

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
Aerospace	Fixed Base Ope	erator	Relative of a	iny of	f the above categories
Artist	Writer		Curator		Archivist
Historian	Educator		Mechanic	Buil	der
Other				Res	torer

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 Milin	tary affiliations			
None	Retired	Reserve <i>(active)</i>	Reserve (inactive)	Other
Branch		Fro	mTo	
Highest Ro	ink	Dec	coration 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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