



**APPLICATION
for ADMISSION**

4505 Aviation Way · Caldwell, Idaho 83605 · Phone 208-453-8577 · Fax 208-453-1538 · www.silverhawkaviation.net

Today's Date: _____ **Intended Start Date:** _____

PERSONAL INFORMATION

Name: Mr / Ms _____

FIRST MIDDLE LAST

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: Home _____ Work _____ Cell _____

Date of Birth: _____ **Citizenship:** _____ **SSN:** _____

Highest Level of Education: GED High School Associate's Bachelor's Master's Doctorate

Employer: _____

Emergency Contact: _____ **Phone:** _____

Are you eligible for Veteran benefits: Yes No

How did you hear about Silverhawk Aviation Academy: _____

HELICOPTER TRAINING PROGRAM

- Professional Pilot Program
Private, Commercial, Instrument, CFI
- Private
- Private Add-on
- Commercial Add-on
- Instrument
- Certified Flight Instructor
- Certified Flight Instructor Instrument
- Turbine Transition
- Airline Transport Pilot
- Other

PREVIOUS FLIGHT EXPERIENCE / MEDICAL

Total Hours: Airplane: _____ Helicopter: _____

Date of Last Flight: _____

Certificates / Ratings Held: _____

Issuing Country: _____

FAA Medical Certificate Class: _____

Height: _____ Weight: _____

To the best of my knowledge, I certify that the information provided is true and correct. Additionally, I have attached the requisite registration fee.

Signature _____ Date _____

Parent or legal guardian if applicant is under 18 years of age _____ Date _____

Registration Fees	
Submit one fee only	
<input type="checkbox"/> Renter	\$10
<input type="checkbox"/> Student	\$ 100
<input type="checkbox"/> Initial Student	\$ 200