



**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
- External Load
- 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 \_\_\_\_\_

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