



**INTERNATIONAL STUDENT 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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Highest Level of Education:**  GED  High School  Post Secondary

Professional Pilot Students: Please provide a copy of your transcripts for the highest degree earned.

**Employer:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How did you hear about Silverhawk Aviation Academy?** \_\_\_\_\_

HELICOPTER TRAINING PROGRAM	PREVIOUS FLIGHT EXPERIENCE / MEDICAL	VISA INFORMATION
<input type="checkbox"/> India Accelerated Program Private, Commercial  <input type="checkbox"/> Professional Pilot Program Private, Commercial, Instrument, CFI  <input type="checkbox"/> Private Add-on <input type="checkbox"/> Commercial Add-on <input type="checkbox"/> Instrument <input type="checkbox"/> Certified Flight Instructor <input type="checkbox"/> Certified Flight Instructor Instrument <input type="checkbox"/> External Load <input type="checkbox"/> Turbine Transition <input type="checkbox"/> Airline Transport Pilot <input type="checkbox"/> Other	Total Hours: Airplane: _____ Helicopter: _____  Date of Last Flight: _____  Certificates / Ratings Held: _____  Issuing Country: _____  FAA Medical Cert. Class: _____ Date Issued: _____  Height (inches): _____ Weight (pounds): _____	Intended Arrival Date to US: _____  Intended Departure Date from US: _____ Do you read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No  Request Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**REGISTRATION FEE PAYMENT**

**Pay:** \_\_\_\_\_ **\$225.00 USD**

**Credit Card #:** \_\_\_\_\_

**Credit Card Expiration:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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