



APPLICATION FOR ADMISSION

Name: Mr./Ms. _____ Single Married

First Middle Last

Mailing Address: _____

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

Home Phone: () _____ Cell Phone: () _____

E-mail: _____

SSN: _____ Spouse's Name: _____

Employer: _____

Emergency Contact: _____

Name, Relation, Address, Telephone Number

Date of Birth: _____ Citizenship _____

Highest Level of Education: GED High School Post-Secondary

FAA Medical Certificate Class _____ Date Issued: _____ Height: _____ Weight: _____
inches pounds

(strict weight limits apply)

Anticipated Financing Method: VA Benefits Private Pay Student Loans
 How did you hear about Silverhawk Aviation Academy? _____

Desired Flight Training Program	
<p>Rotary Wing: Helicopter (must be under 230 lbs)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Professional Pilot Program – 5 ratings <i>(Private, Commercial, Instrument, CFI, CFII)</i> <input type="checkbox"/> Degree Program with TVCC (all 5 ratings + AA degree) <input type="checkbox"/> Private <input type="checkbox"/> Instrument <input type="checkbox"/> Commercial <input type="checkbox"/> Certified Flight Instructor (CFI) <input type="checkbox"/> Certified Flight Instructor Instrument (CFII) <input type="checkbox"/> Turbine Transition <input type="checkbox"/> Add-on _____ Other _____ 	<p>Fixed-Wing: Airplane</p> <ul style="list-style-type: none"> <input type="checkbox"/> Professional Pilot Program – 5 ratings <i>(Private, Commercial, Instrument, CFI, CFII)</i> <input type="checkbox"/> Private <input type="checkbox"/> Instrument <input type="checkbox"/> Commercial <input type="checkbox"/> Certified Flight Instructor (CFI) <input type="checkbox"/> Certified Flight Instructor Instrument (CFII) <input type="checkbox"/> Airline Transport Pilot <input type="checkbox"/> Add-on _____ Other _____

Flight Experience: _____
(Helicopter/Airplane, # of hours, date of last flight)

List of Certificates and Ratings Held: _____

INTENDED START DATE: _____

To the best of my knowledge, I certify that the information provided is true and correct. I understand that my application will be considered pending payment of the app fee.

 Signature Date

 Parent or Legal Guardian if applicant is under 18 years old Date

OFFICE USE ONLY – APP FEE	
Nonrefundable	
<input type="checkbox"/> Student	\$125
<input type="checkbox"/> International	\$300
Initials/Date _____	
PYMT FORM _____	