

Physical record: D.O.B. _____ P.O.B _____ SS# _____
(Month/Day/Yr) (Place of Birth, incl. Country)

Medical Certificate held or statement of general health: _____

III. FINANCIAL INFORMATION:

Course price for course you are planning to take: \$ _____ (See Our Price List Sheet)

How will you finance your training at the U. S. Flight Academy? (Supporting documentation is required.)

- | | |
|-------------------------|----------------------------|
| 1. _____ Family Funds | 4. _____ Gov't Sponsored |
| 2. _____ Personal Funds | 5. _____ Airline Sponsored |
| 3. _____ Scholarship | 6. _____ Other |

Eligible for Veterans Benefits? Yes: _____ No: _____

Requiring a Student Visa? Yes: _____ No: _____

UVSC Degree Program? Yes: _____ No: _____

After a start date is confirmed by the Academy and you, a \$750.00 refundable security deposit is required together with the signed Form Letter A-2. Payment of this deposit signifies acceptance of admission and holds a space for you. Upon physical enrollment this deposit will be credited to your account.

I have received and understand the course information and requirements and wish to enroll in the U. S. Flight Academy International, Inc., for the courses that I have specified above. I certify that the above statements are correct and complete to the best of my knowledge.

(Date)

(Applicant's Signature)

If the applicant is under 18 years of age, the following must be signed by parent or legal guardian:

The undersigned, being Parent/Legal Guardian of the above named applicant, consents to his/her application for admission to the U. S. Flight Academy International, Inc.

(Date)

(Signature)

Name: _____ Relationship: _____

Street Address: _____

City, State/Country, Zip: _____ County: _____

U. S. Flight Academy is an equal opportunity educator/employer.