

INTERNATIONAL ADMISSION APPLICATION

HILLSBORO AERO ACADEMY/AIRMAN'S PROFICIENCY CENTER

PERSONAL INFORMATION

Name: Mr./Ms. _____ Race/Ethnicity: _____
First Middle Last (Family Name)

E-mail Address: _____

Post Address: _____

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

Phone: _____

Emergency Contact: _____
Name, Address, Telephone Number

Date of Birth (MM/DD/YY): _____ Place of Birth (city and country): _____

Citizenship: _____ Highest Level of Education: High School Some College Bachelor's Degree
(F-1 Visa Students - Please provide a copy of your diploma from the highest degree earned.)

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

How did you hear about Hillsboro Aero Academy? _____

TRAINING PROGRAM

AIRPLANE

- Professional Pilot Program
(Private through Multi-Engine Flight Instructor)
- Private
- Commercial (includes SE and ME training)
- Instrument
- Multi-Engine
- Certified Flight Instructor
- Certified Flight Instructor Instrument
- Multi-Engine Flight Instructor
- Other _____

HELICOPTER

- Professional Pilot Program
(Private through Certified Flight Instructor Instrument)
- Private
- Commercial
- Commercial Add-On
- Instrument
- Certified Flight Instructor
- Certified Flight Instructor Instrument
- Turbine Transition
- Other _____

FLIGHT EXPERIENCE

Total Airplane Hours: _____ Total Helicopter Hours: _____ Date of Last Flight: _____

Certificates and Ratings Held: _____ Issuing Country: _____

VISA INFORMATION

M-1 Visa F-1 Visa Do you read, write, speak and understand English? YES NO

Intended Arrival Date to US: _____ Intended Departure Date from US: _____

Approval to Charge \$200 Registration Fee (initial here)*: _____ Approval to Charge SEVIS fee (initial here)*: _____

(Registration fee and SEVIS fee will be charged to card below)

Housing Requested? YES NO Master Bedroom (if available)? YES NO *(Rent will be charged weekly to card below)*

Credit card number: _____ Exp: _____

Security code from the back of your card: _____

To the best of my knowledge, I certify that the information provided is true and correct.

Signature Date

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