

**TSTC AIR ACADEMY
APPLICATION
(Student Information)
PERSONAL INFORMATION**



NAME (last, first, middle)		DATE (month/day/year)	
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH (month/day/year)		E-MAIL ADDRESS	
HOME PHONE	CELL PHONE	WORK PHONE	

ARE YOU AN AMERICAN CITIZEN? YES NO
STUDENT FINANCING REQUIRED? YES NO
HAVE YOU EVER BEEN CONVICTED OF ANY DRUG OR ALCOHOL RELATED OFFENSE? YES NO
 (IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION.) _____
DO YOU HAVE A CURRENT AVIATION MEDICAL CERTIFICATE? YES NO
ARE YOU ELIGIBLE FOR VA EDUCATIONAL BENEFITS? YES NO

PRIOR FLIGHT EXPERIENCE: (INDICATE YOUR LEVEL OF FLIGHT EXPERIENCE AND PILOT CERTIFICATES CURRENTLY HELD, IF ANY):

TOTAL PILOT TIME	PIC	SINGLE ENGINE	MULTI-ENGINE	OTHER
------------------	-----	---------------	--------------	-------

PRIOR EDUCATION

	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR CERTIFICATE
SECONDARY (HIGH SCHOOL)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Prior FLIGHT SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

BRIEFLY DESCRIBE THE TRAINING YOU DESIRE AND YOUR AVIATION GOAL(S):

I affirm that the information presented herein is correct and accurate.

SIGNED (Name) _____

DATE _____

OFFICE USE ONLY

PREFERRED START DATE FOR TRAINING? _____

AD? ____ OR CE? ____ U.S. Citizen Confirmed by: _____

COURSE: _____ PART 61 OR 141: ____