

# 141 STUDENT DATA FORM

**BEFORE ENROLLMENT, WE WILL NEED THE FOLLOWING....**

1) THIS DATA FORM COMPLETED

2) COPY OF PASSPORT

- Front cover & Data page with photo.
- Passport must be valid for at least 1 year after training start date.

3) ENROLLMENT FEE PAID

- Use the "Make Payment" link to pay via Paypal
- Enrollment Fee is \$500 (if application is denied \$100 will be kept for processing and \$400 will be refunded).

**Make Payment**



4) BANK STATEMENT OR AFFIDAVIT OF PROOF OF FUNDS

- Statement should show proof of funds for entire training and cost of living expenses.

5) SUBMIT ALL DOUCUMENT IN **ONE EMAIL** TO: **[Info@skyviewflightacademy.com](mailto:Info@skyviewflightacademy.com)**

## STUDENT INFORMATION SECTION

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name:		First Name:		Middle Name:
Foreign Address:			City:	
State:		Province:		Zip/Postal Code:
Date of Birth: ____ / ____ / ____ MM / DD / YYYY			City/County of Birth:	

**Please note address must be correct shipping/ mailing address for I-20 to be sent to. Will be sent via (UPS or FedEx).**

Country of Citizenship:	Passport #:	Passport Expiration: ____ / ____ / ____ MM / DD / YYYY
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Home Phone:	Work Phone:
Cell Phone:	Email:

Emergency Contact Full Name:	Relation:
Phone #:	Address:



# 141 STUDENT DATA FORM

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a college graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Desired Course Start Date ____/____/____ MM/ DD /YYYY	How well do you speak and understand English? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None
Do you require housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you already enrolled in a part 141 program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what school will you be transferring from:	

**\*Course start dates are as follows:** January 1<sup>st</sup>, February 1<sup>st</sup>, March 1<sup>st</sup>, March 15<sup>th</sup>, April 1<sup>st</sup>, April 15<sup>th</sup>, May 1<sup>st</sup>, May 15<sup>th</sup>, June 1<sup>st</sup>, June 15<sup>th</sup>, August 1<sup>st</sup>, August 15<sup>th</sup>, September 1<sup>st</sup>, September 15<sup>th</sup>, October 1<sup>st</sup>, October 15<sup>th</sup>, November 1<sup>st</sup>, and December 1<sup>st</sup>.

**The application process will be a MINIMUM of 30 days, please keep this in mind when selecting desired course start date.**

**DO YOU HOLD ANY CURRENT CERTIFICATES/ RATINGS? YES:\_\_\_\_\_ NO:\_\_\_\_\_ (If NO, leave the following blank)**

<b>FAA CERTIFICATE:</b> <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP			<b>RATINGS:</b>
Certificate #:	Date of Issuance: ____/____/____	Country of Issuance:	<input type="checkbox"/> Single Engine Land <input type="checkbox"/> Multi-Engine Land
Date of Last BFR: (If applicable): ____/____/____ MM/ DD /YYYY			<input type="checkbox"/> Rotorcraft <input type="checkbox"/> Instrument <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI
Do you hold a medical? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Issuance: ____/____/____	Class of Certificate: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> Other _____

**After submission of this document with passport and proof of funds Skyview will review your application. If all criteria is met, you will receive an acceptance letter into the program. Please be sure to review the 141 Enrollment Process document for further instructions. Remember to send Data Form, Copy of Passport, and Proof of Funds in ONE e-mail to: [Info@skyviewflightacademy.com](mailto:Info@skyviewflightacademy.com)**

<b>INTERNAL USE ONLY</b>			
<input type="checkbox"/> Passport ( <i>with valid dates</i> )	<input type="checkbox"/> Proof of Funds	<input type="checkbox"/> Enrollment Fee	<input type="checkbox"/> E-mailed Further Instructions
<b>If all criteria is met:</b> <input type="checkbox"/> E-mailed Acceptance OR <input type="checkbox"/> E-mailed Denial with reason			
By: _____		Date: _____	