

St Charles Flying Service, Inc.

3001 New Town Blvd., St. Charles, MO 63301 1-800-447-6066, FAX 636-946-6245, E-Mail:
stcharlesflying@msn.com

APPLICATION FOR ADMISSION

NAME: F _____ :M _____ :L _____

PERMANENT ADDRESS: _____

TELEPHONE () _____ FAX NO. _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

PASSPORT #: _____ PLACE OF ISSUANCE: _____ EXP (M) ___ (D) ___ (Y) ___

VISA REQUIRED: (PLEASE X ONE) M1 F1 NONE NEEDED

ENTRY STATUS: (PLEASE X ONE) FIRST TIME TRANSFER RE-ENTRY NOT
APPLICABLE

COURSE APPLYING FOR: _____

CUSTOMIZED/REQUESTED COURSE: _____

EXPECTED COMMENCEMENT DATE: (M) ___ (D) ___ (Y) ___

BRIEFLY DESCRIBE YOUR AVIATION EXPERIENCE: _____

BRIEFLY DESCRIBE YOUR EDUCATION BACKGROUND: _____

ENGLISH PROFICIENCY (X ONE) NATIVE LANGUAGE GOOD POOR

ENGLISH LANGUAGE TUTORING REQUIRED: YES NO

HEALTH LIMITATIONS: YES NO IF 'YES' PLEASE EXPLAIN: _____

NOTES:

1. Please supply proof that you have sufficient funds to complete the course, and a letter from a prominent person that you intend to return home on completion of your training (overseas students only).
2. All applicants must enclose a \$2500.00 course reservation fee, which is credited to your account.
3. In complete applications will not be processes. Please fill out entire application and Fax or send a scanned copy.
4. Visa processing fees and Administrative fees will be deducted from the initial course reservation fee and are non-refundable.
5. Please do not send cash or foreign currency. "Wire Transfer" is the accepted method of paying initial course fees. (Wire Transfer instructions are attached)