

o 1 day per week

Aviation Program Application Checklist and Agreement

at

Applicant Name	Date of Birth
Provide Secure Email Address Above. (Official notificate provide a secure email address and ensure the Aviation p	tions will occur by email. It is the applicant's responsibility to program is notified of any changes in email address.)
Applicant: You must complete and submit the following chinitial each statement/question below, indicating that you requirements for the Klamath Community College Aviation	have read, understand, and agree to the application
1. I will send official college transcripts from ALL production universities, including Joint Service Transcripts	reviously attended, regionally accredited, colleges or s (military).
2. I have completed my Math and Writing placeme another college	nt tests or have completed the necessary Math and/or Writing
Community College to contact me through this application packet was submitted to Klamath (application (above) and given my permission for Klamath semail address. I understand that a receipt verifying my Community College will be emailed to me and that I will also ript evaluation) results by email once it has been completed.
4. I understand that each applicant will be notified than 15 days before the program start date	by email of his or her status regarding acceptance no later
5. I understand that if I have a financial hold on my be disqualified unless the financial hold is rem	Klamath Community College account, my application will oved before the start date of the program
6. I have included documentation indicating active- honorable discharge status, if applicable.	-duty military/spouse, retired military or veteran with
7. I understand that reading and following direction applications will result in disqualification.	ns is critical to success in any Aviation program. Incomplete
8. I understand that if accepted, I will be required be medical and have that sent to Klamath Comm	by the program start date to have completed an FAA Class 2 unity College.
9. I verify that all statements on this application are any information may lead to disqualification or	e complete and true, and I understand that falsification of dismissal from the program.
10. How often could you train 4 hours per day (flight of the days per weekthe of the days per weekt	ht and ground) during the <u>weekdays</u> ? Please fill in bubble.

0	U days per week	
11. How often c	ould you train 4 hours per day (flight and ground) on weekend	s? Please fill in bubble.
0	2 days	_
0	1 day	
0	0 days	
_	viation has two locations, Klamath Falls and Newberg Oregon. round training? Please fill in bubble. Newberg Oregon Klamath Falls Oregon	Where would you be doing your
Ground) fro	niles (from either Newberg or Klamath Falls) would your common your residence? Please fill in bubble. Less than 25 miles	nute be to Pureflight (Flight and
14 What aircraf	t will you be doing your training in? Please fill in the bubble.	
	Airplane	
0	Helicopter	
Applicant Signature		Date
If the applicant is less than 18 years old, a parent must also sign		