

2023 Application - Sheffield School 5-WEEK Aircraft Dispatcher Course
- Instructions & Notes -

- Please print clearly or type. Submit via fax, mail, or email along with any applicable coupon(s). Application fee of \$700 is also due via Zelle, bank check, credit card, or wiring (bank transfer).

- Personal information is required for FAA License Application purposes.

- Discounts link – read before submission of application & payment(s): http://www.sheffield.com/courses/discounts

- By placing your signature on this application (page 2), whether handwritten or electronic, you are certifying that all information provided by you is correct and true, to the best of your knowledge. By signing, you also have agreed to an understanding of our complete "Discounts/Coupons" link location, rules and procedures, and understand that any and all discount coupons must be submitted with the original application. Any "re-application" to use the coupons is permissible, although each application requires a non-refundable \$700 fee.

1. Requested Class Starting Date: (Month/Day/Year): _____ / _____ / _____

2. Full Name: _____
Last First Middle

3. Social Security Number (only for U.S. military using GI Bill): _____

4. Address:

Street/P.O. Box City ST/ZIP Country

5. Contact Information:

Telephone (_____) (_____) _____
Home or Mobile/Cell Work E-mail Address

6. Personal Information:

Sex: Male or Female _____
Height (inches only) Wt (pounds only) Hair Color Eye Color

Date of Birth: ____ / ____ / ____ Place of Birth: _____
Month (letters) / Day / Year City State/Province/Country
(ex. Jan / 5 / 1975)

Country of Citizenship: _____

7. Education & Employment:

Check Highest Diploma /Degree Attained:

___ High School ___ GED ___ Associate Degree ___ Bachelor's Degree ___ Post-graduate

Last School Attended: _____ Dates Attended: _____

Current Employer (if applicable): _____

Supervisor: _____ Phone #: _____

Address: _____
Street City ST/ZIP Country

8. Aviation Background (not a course prerequisite, only for informational purposes.)

FAA Ratings, if any: _____

Other aviation experience, if any:

9. Payment Information:

Responsible for Payment:

Myself _____ Employer _____ Other _____
(name) (name)

10. International students only: Please indicate (✓) if you need an I-20 (student visa application) form:

Yes ____ (\$300 I-20 processing fee) No ____

11. Advanced Workshops (if scheduled):

Please indicate (✓) if you wish to attend the workshop(s) that follow the 5-week course.

- ____ (1) Advanced International Flight Planning (AIFP) – 2 days
<http://www.sheffield.com/course/advanced-international-flight-planning>
- ____ (2) Extended Operations (ETOPS) – 1 day
<http://www.sheffield.com/course/etops-extended-ops>
- ____ (3) EWINS (Advanced Weather Training) – 2 days
<http://www.sheffield.com/course/ewins-enhanced-weather-information-systems>

12. Signature & Date:

By my signature below, I certify that I am at least 21 years of age and that the statements I have made are true to the best of my knowledge. I have received a School Catalog and/or read the online catalog (<http://www.sheffield.com/online-catalog>) for updates, including the English proficiency requirement - that I confirm that I can read, speak, write, and understand the English language. I have also read the terms and conditions related to enrollment and attendance, including the Refund Policy, discount coupon rules, including updates within the online catalog. Unless wiring funds or paying by Zelle, I have enclosed or attached a check, credit card payment, or money order in the minimum amount of US\$700.00 (Non-Refundable 2023 Class Registration Fee), and request an Enrollment Agreement. I understand that I am under no obligation to enroll and that my class seat is reserved upon receipt of the Enrollment Agreement with tuition deposit, and not this original application.

Applicant's Signature

Date

revised 05/24/2022