

SHEFFIELD SCHOOL OF AERONAUTICS
2019 APPLICATION FOR EWINS (Adv. Weather) COURSE

REQUESTED CLASS STARTING DATE: ____ / ____ / ____

Mo Day Year

PLEASE PRINT CLEARLY

NAME _____
Last First Middle

ADDRESS _____
Street/PO Box City ST/ZIP Country

TELEPHONE (____) _____ (____) _____
Home Work E-mail Address

PERSONAL INFORMATION Sex (Circle): Female or Male

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____
Mo Day Year City State/Province/Country (if not U.S.A.)

Check Highest Diploma /Degree Attained: ___ High School ___ GED ___ Associate Degree ___ Bachelor's Degree ___ Post-graduate

LAST SCHOOL ATTENDED: _____ DATES ATTENDED: _____

CURRENT EMPLOYER: _____ SUPERVISOR: _____ PHONE #: _____

ADDRESS: _____
Street City ST/ZIP Country

FAA RATINGS, if any: _____

AVIATION EXPERIENCE, if any: _____

RESPONSIBLE FOR PAYMENT: MYSELF _____ EMPLOYER _____ OTHER _____
(state name) (state name)

Please indicate (✓) if you are a Sheffield (Certification Course) Graduate: Yes ____ No ____

If YES, please indicate Graduation month, year, and practical examiner's name (if possible) _____

ADVANCED WORKSHOPS: Please indicate (✓) if you wish to attend any additional workshop(s) immediately following the course.
____ (1) AIFP (Advanced International Flight Planning)
____ (2) Extended Range Operations (ETOPS)

Hotel options at "www.sheffield.com/student-housing") - Sheffield does not typically provide housing for Workshop-only applicants, but we will check availability for you, if requested.

By my signature below, I certify that I am over 21 years of age, or will be 21 by the course completion date, and that the statements I have made are true to the best of my knowledge. I have received a School Catalog and/or CD electronic catalog and/or have read the Online Catalog for updates. I have also read the terms and conditions related to enrollment and attendance, including the Refund Policy, including updates within the online catalog. I have enclosed a check or money order in the amount of US\$600.00 (\$900.00 for Non-Sheffield Graduates) and request an Enrollment Agreement. I understand that I am under no obligation to enroll and that the class is filled upon receipt of the Enrollment Agreement with tuition deposit (\$300.00), and not this original application.

Applicant's Signature

Date