

EVA FLIGHT TRAINING ACADEMY

STUDENT PILOT APPLICATION



OFFICIAL USE ONLY	
ID NUMBER	
SCHEDULED REPORT DATE	ACTUAL REPORT DATE
PLEASE PRINT OR TYPE	

CHINESE NAME (IF APPLICABLE)	NICKNAME/ENGLISH NAME	CITIZENSHIP	DATE OF BIRTH (MM/DD/YYYY)
ENGLISH NAME (AS SHOWN ON PASSPORT) LAST FIRST MIDDLE		PASSPORT NUMBER	PASSPORT EXPIRATION (MM/DD/YYYY) (Expiration shall be at least 6 months longer than the scheduled report date)
PRESENT ADDRESS NO. STREET CITY STATE ZIP			
CONTACT ADDRESS <input type="checkbox"/> Same as above NO. STREET CITY STATE ZIP			
E-MAIL		PHONE NUMBER Home: Mobile:	

EMERGENCY CONTACT INFORMATION					
NAME	CONTACT ADDRESS				PHONE NUMBER
RELATIONSHIP	NO.	STREET	CITY	STATE	ZIP
					Home: Mobile: E-MAIL
NAME OF SCHOOL	MAJOR	GRADUATE		PERIOD (FROM MM/DD/YYYY TO MM/DD/YYYY)	DIPLOMA/DEGREE
		YES	NO		

LANGUAGE CAPABILITY: INDICATE THE EXTENT OF YOUR COMPETENCE, i.e. EXCELLENT, GOOD, FAIR.
MARK LANGUAGE TEST TYPE/SCORES AND ATTACH A COPY OF THE TEST CERTIFICATE

LANGUAGE	LISTENING	READ	SPEAK	WRITING	TEST TYPE/SCORES

MEDICAL CERTIFICATE (PLEASE ATTACH COPY) <input type="checkbox"/> FAA Class 1 <input type="checkbox"/> FAA Class 2	FLIGHT HOURS <input type="checkbox"/> No past flight experience <input type="checkbox"/> Yes, hour: _____ ; training provider: _____ Received training from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY)
PROGRAM TO APPLY <input type="checkbox"/> PPL Program <input type="checkbox"/> IR/CPL Program <input type="checkbox"/> UPRT Program (please attach copy of PPL) (Refer to the Admissions Policy for applicable fees and deposit)	HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> News media: _____ (name) <input type="checkbox"/> Website: _____ (name) <input type="checkbox"/> Employee referral: _____ (name) <input type="checkbox"/> Advertisement <input type="checkbox"/> Others: _____

TERMS & CONDITIONS

Once this Application is accepted, EVA Flight Training Academy will contact the Applicant for a both parties agreed report date and to sign the Training Agreement. If the Applicant makes any changes or cancellation on or before the 30th calendar day prior to the both parties agreed report date, the program deposit can be fully refunded while the enrollment fee is not refundable. Both the enrollment fee and program deposit cannot be refunded if any changes or cancellation is made after the 30th calendar day prior to the both parties agreed report date.

The Applicant shall follow the instructions given by EVA Flight Training Academy to obtain required documentation, including I-20 Form, M-1 visa, and the TSA/AFSP approval by the report date. Any fees for such documentation are at the Applicant's own costs.

I CERTIFY THAT ALL OF THE ANSWERS GIVEN AND THE INFORMATION PROVIDED BY ME IN THIS APPLICATION, OR OTHERWISE GIVEN OR PROVIDED BY ME, ARE TRUE AND COMPLETE. I HEREBY AUTHORIZE EVA FLIGHT TRAINING ACADEMY TO USE SUCH INFORMATION TO INITIATE THE APPLICATION PROCESS. I HAVE READ AND FULLY UNDERSTOOD THE ADMISSIONS POLICY, AND AGREE TO PAY THE APPLICABLE FEES IN COMPLIANCE WITH THE TERMS & CONDITIONS ABOVE.

SIGNATURE: _____ DATE: _____ (MM/DD/YYYY)