



Pilot Prep Course Application

DATE: _____

STUDENT INFORMATION (Please PRINT)

LAST NAME: _____ FIRST NAME: _____

BIRTH DATE: ___/___/___ AGE: _____ MALE / FEMALE (Circle one)

SCHOOL: _____ GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT/GUARDIAN INFORMATION (Please PRINT)

LAST NAME: _____ FIRST NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERED PHONE: _____ TYPE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE _____

HOW DID YOU HEAR ABOUT THIS COURSE?

WHY DO YOU WANT TO TAKE THIS COURSE?

Send to: AEFCO, 7505 Mallard Drive, Peyton, CO 80831

Or email: sandy.martin@aefco.org

TRANSCRIPT REQUIRED: Minimum GPA considered—2.5 unweighted

Contact: Richard Martin (719) 683-6587 Sandy Martin (719) 351-1640