



Pilot Prep Course Application

Term 2020-2021

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: _____

Student Email: _____

PARENT/GUARDIAN INFORMATION (Please PRINT)

Last Name: _____ First Names: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Type: Cell Work Home (Circle one)

Parent 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 (Preferred)

TRANSCRIPT REQUIRED: Minimum GPA considered—2.5 unweighted

Contact: Sandy Martin (719) 351-1640



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NAME: _____

Supplemental Questions

1) Are you involved in any outside activities that would conflict with our schedule such as?

- Sports: _____
- ROTC Drill Team: _____
- Other: _____

2) What subjects are you currently taking in high school?

- Math: _____ Science: _____
- Other: _____

3) Do you have 5 to 6 hours to study for AEFCO tests between classes? YES / NO

4) Which college or university would you like to attend? _____

5) What major would you expect to pursue? _____

6) What is your "plan B" if your college plans are not possible? _____

7) Do you have any medical conditions that may preclude you from a career in aviation?

Uncorrected Vision: _____ / _____ Corrected to: _____ / _____

Other: _____

8) Are you a United States Citizen? YES / NO / Naturalized

9) Have you flown a small trainer type airplane where you were in control of the aircraft?
YES / NO

If so, when? _____ Which model of aircraft? _____

10) Do you have any logged flight time? NO YES If yes, # hours _____

11) Is there a pilot in your immediate family? YES / NO

If you have any questions, please contact: Sandy Martin (719) 351-1640