



APPLICATION FOR ADMISSION

General Information

Last Name _____ First Name _____
Middle Name _____ Age _____ Sex _____
Date of Birth _____ Country of Citizenship _____
Country of Birth _____ City of Birth _____
Street Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone _____ Work Phone _____

Aviation Experience (If Any) – No Previous Experience is Required

If you already possess a FAA Medical Certificate, please indicate:
Class _____ Date issued _____
Certificates / Ratings Held _____
Aviation schools attended, locations, programs, and dates _____

Total Flight Hours (If Any) _____ Dual _____ Solo _____

Training Course Desired – Please select by checkmark

- | | | |
|---|--|---|
| <input type="checkbox"/> Professional Pilot Program | <input type="checkbox"/> Commercial Pilot Certificate | <input type="checkbox"/> Certified Flight Instructor |
| <input type="checkbox"/> Private Pilot Program | <input type="checkbox"/> Multi-Engine Rating | <input type="checkbox"/> Instrument Instructor Rating |
| <input type="checkbox"/> Instrument Rating Program | <input type="checkbox"/> Airline Transport Pilot Certificate | <input type="checkbox"/> Multi-Engine Instructor Rating |

(Continued on the next page)

I wish to be admitted to the above program(s). ** Foreign students are required to pay a non-refundable \$250 application fee.

Signature _____ Date _____

Return completed application to:

Monarch Air
Attn: Admissions
4580 Claire Chennault
Addison, Texas 75001
www.MonarchAir.com
tsawtelle@monarchair.com

Or you may fax the completed application to 972-931-0450 and wire the \$250 non-refundable application fee (foreign students only) to:

Legacy Bank of Texas
ABA# 111 – 901 – 234
ACCT# 08 – 3219 – 6