

Flight School Hawaii, Inc.
International Student Application (Version 9-10-03)

Please complete this application fully and return it to us with your nonrefundable application fee of \$300 (US Dollars). If/When actual instruction begins, this fee will be included in your flight account.

Fax To: (808) 834-1494

Mail To:

Phone: (808) 837-7767

**Flight School Hawaii, Inc
 Admissions
 134 Nakolo Place
 Honolulu, HI 96819
 USA**

Personal Information, Training Goal, and Status				
Last (Family) Name		First Name	Middle Name	Suffix (i.e., Jr.)
Date of Birth (MM/DD/YYYY)	Gender	County of Birth	Country of Citizenship	
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Course of Training Desired (SELECT ONE)				
<input type="checkbox"/> Private Pilot Certification, Airplane Single-Engine Land —This beginners course takes the student from 0 hours of experience through certification as a private pilot. Approx. Duration of Course: 3 months.				
<input type="checkbox"/> Instrument Rating, Airplane Single-Engine Land —This course qualifies the student for an Instrument Airplane rating. Prerequisite: Private Pilot Certificate. Approx. Duration of Course: 3 months.				
<input type="checkbox"/> Airplane Multi-Engine Land Commercial Composite Course —This course takes the student through multi-engine private, instrument, and commercial certifications. Students may also add-on the Commercial ASEL. Prerequisite: Private Pilot Certificate. Approx. Duration of Course: 12 months.				
Are you transferring from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” provide the EXACT name and address of the school:		Are you already in the U.S. under another nonimmigrant status? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” explain: VISA Type:		
Foreign Address				
PRINT CLEARLY, EXACTLY AS YOUR ADDRESS WOULD BE WRITTEN ON AN ENVELOPE.				

Flight School Hawaii, Inc.
International Student Application – Page 2

U.S. Address (If known)			
Street Address			Apartment/Unit
City	State (2-Letter Code)	Zip Code	
Program Start Date			
Arrival Date (MM/DD/YYYY)	←----- Enter the date that you expect to arrive <u>at the school</u> to begin your program.		
English Proficiency			
Can you read, speak, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TOEFL Score: _____ (attach score report, if available)			
Financial Information			
Several small hotels are located in the airport area, all within 3-5 miles of the school (walking or biking distance). Daily room rates range from \$60-\$90 per night. Daily food expenses can range from \$15 and up per day, depending on your tastes. You may base your housing and living expenses on a minimum of \$75 per day (not including car transportation). If you elect to stay at another location, this cost will vary.			
Do you have financial resources sufficient to cover training, housing, and living expenses during the entire period of your stay in the United States (including dependent expenses, if applicable)			
<input type="checkbox"/> Yes Please attach a copy of a bank statement, loan commitment, or other document which confirms this statement. Sign and date the document.			
<input type="checkbox"/> No			
Other Information			
Please note any additional information you wish us to consider in reviewing your application			

Flight School Hawaii, Inc.
International Student Application – Page 3

Dependent Information			
Only spouse and children (under 21) may be included as dependents.			
Will you be accompanied by any dependents? [] Yes [] No			
If you answered "Yes," please complete the dependent information below.			
Dependent's Last (Family) Name	First Name	Middle Name	Suffix (i.e., Jr.)
Date of Birth (MM/DD/YYYY)	Gender [] Male [] Female	County of Birth	Country of Citizenship
Relationship to You			
Dependent's Last (Family) Name	First Name	Middle Name	Suffix (i.e., Jr.)
Date of Birth (MM/DD/YYYY)	Gender [] Male [] Female	County of Birth	Country of Citizenship
Relationship to You			
Dependent's Last (Family) Name	First Name	Middle Name	Suffix (i.e., Jr.)
Date of Birth (MM/DD/YYYY)	Gender [] Male [] Female	County of Birth	Country of Citizenship
Relationship to You			
Applicant Certification			
I certify that the information provided on this application is true and correct.			
_____		_____	
Signature of Applicant		Date	
If you have any questions concerning this application, contact one of our Designated School Officials by email at fsh@lava.net , by phone at (808) 837-7767, or by fax at (808) 834-1494. Your application may be received by any of these means; however, your application fee must be sent by international money order or may be authorized by credit card (complete section below).			
Credit Card Authorization for Application Fee			
Please charge my credit card \$300 (Three Hundred Dollars, US) for the application fee.			
Select Type of Card: [] VISA [] Mastercard			
Exact Name on Card: _____			
Card Number: _____		Expiration: _____	
Cardholder's Signature: _____		Date: _____	