

**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**

<b>Personal Information, Training Goal, and Status</b>			
Last (Family) Name		First Name	Middle Name
Date of Birth (MM/DD/YYYY)		Gender [ ] Male [ ] Female	Country of Citizenship
Course of Training Desired (SELECT ONE)			
<input type="checkbox"/> <b>Private Pilot Certification, Airplane Single-Engine Land</b> —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"/> <b>Instrument Rating, Airplane Single-Engine Land</b> —This course qualifies the student for an Instrument Airplane rating. Prerequisite: Private Pilot Certificate. Approx. Duration of Course: 3 months.			
<input type="checkbox"/> <b>Airplane Multi-Engine Land Commercial Composite Course</b> —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 [ ] 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 [ ] No If “yes,” explain:  VISA Type:	
<b>Foreign Address</b>			
PRINT CLEARLY, EXACTLY AS YOUR ADDRESS WOULD BE WRITTEN ON AN ENVELOPE.			

<b>U.S. Address (If known)</b>			
Street Address			Apartment/Unit
City	State (2-Letter Code)	Zip Code	
<b>Program Start Date</b>			
Arrival Date (MM/DD/YYYY)	←----- Enter the date that you expect to arrive <u>at the school</u> to begin your program.		
<b>English Proficiency</b>			
Can you read, speak, and understand English? <span style="float: right;"><input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span></span>			
TOEFL Score: _____ (attach score report, if available)			
<b>Financial Information</b>			
<p>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.</p> <p>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)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <b>Please attach a copy of a bank statement, loan commitment, or other document which confirms this statement. Sign and date the document.</b></p> <p style="text-align: center;"><input type="checkbox"/> No</p>			
<b>Other Information</b>			
Please note any additional information you wish us to consider in reviewing your application			

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<b>Dependent Information</b>			
Only spouse and children (under 21) may be included as dependents.			
Will you be accompanied by any dependents? <span style="float: right;">[ ] Yes</span> <span style="float: right;">[ ] No</span> 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			
<b>Applicant Certification</b>			
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 <a href="mailto:fsh@lava.net">fsh@lava.net</a> , 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).			
<b>Credit Card Authorization for Application Fee</b>			
Please charge my credit card \$300 (Three Hundred Dollars, US) for the application fee.			
Select Type of Card: <span style="margin-left: 20px;">[ ] VISA</span> <span style="margin-left: 20px;">[ ] Mastercard</span>			
Exact Name on Card: _____			
Card Number: _____		Expiration: _____	
Cardholder's Signature: _____		Date: _____	