



Professional Aeronautics Academy
a limited liability company



PROFESSIONAL AERONAUTICS ACADEMY

Rise above your expectations.

2011-2012 COMMON ADMISSIONS APPLICATION

Office of the Company Administrator - Admissions
424 Airport Road
Leesville, LA 71446
(888) 477-2593

fly@professionalaeronautics.com



**STEPS 1 THROUGH 3
ARE FOR COLLEGE
PROGRAMS ONLY.**

ADMISSIONS CHECKLIST

AAS DEGREE PROGRAM – STUDENT ENROLLMENT CHECKLIST

<p>1. Complete and submit your applications.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete MCTC Application for Admissions: www.mctc.edu/admission <ul style="list-style-type: none"> • Indicate that you will enroll in the transportation degree program with the aviation option. <input type="checkbox"/> Complete PAA Initial Application: www.professionalaeronautics.com/admissions.html
<p>2. Pay your registration fees.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Submit a \$15.00 non-refundable application fee directly to MCTC as per the instructions on their admissions website. <input type="checkbox"/> \$Submit a \$20.00 non-refundable application fee to Professional Aeronautics Academy as per the instructions on our website.
<p>3. Send in your official transcripts and standardized test scores.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Have Official High School Transcripts, GED, ACT and SAT test scores, and College Transcripts mailed directly from your previous institution(s) to MCTC <input type="checkbox"/> MILITARY ONLY: Request official military schooling transcripts be mailed to MCTC <ul style="list-style-type: none"> • Army – AARTS (http://aarts.army.mil) • Navy/Marine Corps (https://smart.navy.mil) • Air Force and Coast Guard – Contact your local education office.
<p>4. Select and apply for the appropriate financial assistance.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> FEDERAL: FAFSA – Apply for Federal Aid: www.fafsa.ed.gov (MCTC School Code: 040414) <input type="checkbox"/> PERSONAL: Apply through Sallie Mae, Navy Federal Credit Union (for military students), or use your personal bank or other methods of financing if necessary. <input type="checkbox"/> GI Bill (Military students) – Apply for your Certificate of Eligibility online using the VONAPP: www.ebenefits.va.gov <input type="checkbox"/> Tuition Assistance (Military students) – <ul style="list-style-type: none"> • Army - Apply online at: www.GoArmyEd.com • All other services – Contact your education office.
<p>5. For flight students, obtain and provide PAA with the following documents.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide Original U.S. Birth Certificate or Passport (Originals will also be required). <input type="checkbox"/> Government Provided Identification. <input type="checkbox"/> Provide copy of prior pilot certificates and previous experience. <input type="checkbox"/> Obtain at least a 2nd Class Medical.
AFTER YOUR APPLICATION IS APPROVED	
<p>Complete the following in person at the flight training center.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Sign Hold Harmless Agreement. <input type="checkbox"/> Sign Training Agreement. <input type="checkbox"/> Sign up for Flight Line Orientation: Call 1-888-477-2593.
<p>Contact MCTC to inquire about or schedule the following. (College Programs Only)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Attend New MCTC Student Orientation or contact an Advisor: 304-696-6282. <input type="checkbox"/> Take MCTC Placement Exams (if applicable): 1-866-676-5533. <input type="checkbox"/> To enroll in courses contact Dr. Randy Jones: 304-696-3059/jonesr@mctc.edu.
<p>Military students must complete the following. (College Programs Only)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Update GoArmyEd with the correct classes you enrolled in. <input type="checkbox"/> Contact Mr. Cory Payne: 304-399-1279/payne78@mctc.edu.

THIS PAGE IS FOR YOUR PERSONAL RECORDS AND DOES NOT NEED TO BE SUBMITTED WITH YOUR APPLICATION FORM.



Name: _____ Submission Date: _____ State of Residence: _____

ADMISSIONS PROCESS: For the fastest admissions processes, these forms should be completed in their entirety and faxed to the admissions department at 1 (888) 477-2593. **The application fee must be paid in full before this application will be processed and approved.** This form may also be emailed to fly@professionalaeronautics.com. **Permanent Residents must visit www.flightschoolcandidate.gov to apply for flight training privileges.**

To receive credit for previous flying experience, the previous training must be documented in some form of pilot log and certified by an FAA certificated flight instructor. Credit will not be awarded for foreign pilot training unless the pilot holds an FAA issued pilot's certificate. This document must be presented at the beginning of training to receive the proper credits.

FLIGHT EXPERIENCE

Highest Pilot Certificate Held: Student Sport Recreational Private Commercial ATP

Category and Class Ratings Held: Airplane ASEL AMEL Rotorcraft Helicopter OTHER

Did you earn this certificate through a Military Competency examination? YES NO

Current Military Pilot: YES NO I have been involved in an aviation incident or accident: YES NO

I have been threatened with or had a suspension or revocation of a pilot certificate: YES NO

Desired Program <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Private Pilot <input type="checkbox"/> Instrument Rating <input type="checkbox"/> Commercial Pilot <input type="checkbox"/> Certificated Flight Instructor (CFI/CFII/MEI) <input type="checkbox"/> Multi-Engine Rating <input type="checkbox"/> Degree Program	FLIGHT EXPERIENCE MATRIX. PLEASE FILL IN THE BLOCKS.				PIC	NIGHT	INSTRUMENT	WITH INSTRUCTOR
	TOTAL CROSS COUNTRY TIME							
	TOTAL FLIGHT TIME IN AIRPLANES							
	TOTAL FLIGHT TIME IN HELICOPTERS							
	TOTAL FLIGHT TIME							

How soon do you plan to begin your flight training?

- Immediately
- Within 1 Month
- > 1Month to < 3 Months
- 3 Months or Greater

Start Month or Term: _____

After starting, how soon do you wish to complete?

- As Soon as Possible
- Within a Few Weeks
- Within a Few Months
- Not Sure

How much time will you commit to training?

- Full Time (5 Sessions/Week)
- Part Time (At least 3 S/W)
- Leisure (Less than 3 S/W)
- Not Sure

How do you plan to fund your training?

- Self-Funded (Pay in Full)
- Self-Funded (Pay per Lesson)
- Financing (Lender: _____)
- Government Benefits (TA, GI BILL, ETC.)

What school location do you plan on attending to complete your training?

- PAA – Leesville (Central Louisiana)
- PAA – Conroe (Eastern Texas)
- PAA – Huntington (West Virginia/Ohio)
- Other: _____
- Not Sure

Briefly describe your aviation interested and your interest in Professional Aeronautics Academy.



STUDENT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
CURRENT EMPLOYER	I AM A MALE / FEMALE I AM A U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO I AM A CONVICTED FELON: <input type="checkbox"/> YES <input type="checkbox"/> *NO I HAVE BEEN CONVICTED ON ALCOHOL OR DRUG RELATED CHARGES: <input type="checkbox"/> YES <input type="checkbox"/> *NO I HAVE DISABILITIES THAT MAY RESTRICT ME FROM FLYING DUTIES: <input type="checkbox"/> YES <input type="checkbox"/> *NO		
CURRENT ADDRESS	CITY	CURRENT TELEPHONE NUMBER	
		WORK	
DATE OF BIRTH	STATE AND ZIP CODE	HOME	
		MOBILE	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS		

**Must be approved by the Director, Pilot Schools or the U.S. Government as appropriate.*

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP		
CURRENT ADDRESS	CURRENT TELEPHONE NUMBER		
	MOBILE		
EMAIL ADDRESS	IS THIS PERSON A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME	
		OTHER	

STUDENT CERTIFICATION

By signing this document I acknowledge that failing to provide complete or accurate information on this form or deliberately providing false information may result in the termination of this application and forfeiture of any tuition and fees. I also acknowledge that I am a U.S. Citizen and meet the criteria required to apply for admissions to this school.

Signature:		Date:	
-------------------	--	--------------	--

ACADEMY USE ONLY

I certify that this individual has presented me a **PASSPORT / BIRTH CERTIFICATE** (CIRCLE ONE) from the state/territory of _____ (N/A FOR PASSPORT), NUMBER _____ establishing that he/she is a U.S. citizen or national in accordance with 49 CFR 1552.3(h).

Signature:		Date:	
-------------------	--	--------------	--