

Higher Ground Helicopters of Cincinnati, LLC.



Flight School Application

All information must be completed. Any blanks may cause a delay in the processing of this application. All information must be legible. If any space provided does not apply to you, please write N/A. Type or print all answers.

How Did you hear about us?

Radio? Y or N , if so which station _____. Ad in paper? Y or N , if so which paper: _____.
Other: _____

Did you attend one of our career seminars? Y or N. If so where/ when _____.

Which program/ rating are you most interested in obtaining:

Private Rotorcraft _____ Commercial Rotorcraft _____ CFI Rotorcraft _____

Complete Professional Helicopter Career Program (Private, Commercial & CFI) _____

Private Rotorcraft Ad-on _____ Commercial Rotorcraft Ad-on _____ CFI Rotorcraft Ad-on _____

Applicant Name and Contact Information:

Full Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Street Address (No P.O. Boxes): _____

City/ State/ Zip _____ E-Mail: _____

Mailing Address (if different from street address) _____

City/ State/ Zip _____ Drivers License Number _____

Home Phone: _____ Cell Phone: _____

How long at current Address? _____ Years _____ Months Own _____ Rent _____ Other _____

Landlord/ Mortgage Holder Name & Phone # _____

Monthly Mortgage/ Rent Amount: _____ Mortgage Balance _____

Approx. Home Value (if you own) _____ Gross Annual Income: _____

Please select one: US Citizen _____ Permanent Resident Alien _____ Other _____

Your Medical History

Do you have any history of medical problems that could interfere with a career in aviation? Yes: _____ No: _____

Diabetes, Heart Condition, Vision Problem, Neck or Spinal Injury, History of Drug Abuse: _____

Other: _____ Height: _____ Weight: _____

Have you ever been convicted of any violations of the law other than a minor traffic violation? Yes: ___ No: ___
 If yes, give date, place of conviction, charge, and disposition of each case: _____

 Have you ever had your driving privileges suspended or revoked? Yes: ___ No: ___
 If yes, give the dates, and nature of the suspension: _____
A conviction record will not necessarily bar you from enrollment, each case is considered individually.

Your Education and Training

Do you have a High School Diploma or GED? Yes: ___ No: ___ Grad Date: _____
 High School: _____ Dates Attended _____ to _____
 College or other: _____ Dates Attended _____ to _____
 Major Course of Study: _____ Degree earned: Yes: ___ No: ___

Training Relevant to Aviation

List any previous aviation experience including any ratings obtained and most recent activity:
 Company/School: _____
 Program/Course: _____
 Dates Attended: _____ to _____
 Certificate # _____ Medical Date: _____

List below your employment history beginning with your most recent position, all of your work experience, including military service.

Employment History

Name and Address of Current Employer: _____
 Type of Business: _____ Your Job Title : _____
 Employer Address: _____
 Supervisors Name & Number: _____
 Date of Employment: from _____ to _____ Gross Annual Income: \$ _____

Name and Address of Employer: _____
 Type of Business: _____ Your Job Title : _____
 Employer Address: _____
 Supervisors Name & Number: _____
 Date of Employment: from _____ to _____ Gross Annual Income: \$ _____
 Reason for leaving: _____

Name and Address of Employer: _____
 Type of Business: _____ Your Job Title : _____
 Employer Address: _____
 Supervisors Name & Number: _____
 Date of Employment: from _____ to _____ Gross Annual Income: \$ _____
 Reason for leaving: _____

Please list below your flight availability during the week.

**Flight
Availability**

Monday: _____	If any time check here: ____ If none check here: ____
Tuesday: _____	If any time check here: ____ If none check here: ____
Wednesday: _____	If any time check here: ____ If none check here: ____
Thursday: _____	If any time check here: ____ If none check here: ____
Friday: _____	If any time check here: ____ If none check here: ____
Saturday: _____	If any time check here: ____ If none check here: ____
Sunday: _____	If any time check here: ____ If none check here: ____

Please list two references and include complete addresses.

**Personal
References**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to Applicant: _____

Please use the box below to list any personal accomplishments and special skills that you would like us to know about prior to your interview, including why you are interested in our program.

If you are applying for a student loan to fund your training, most lenders require you to have a co-signer. Please provide the following information for the co-signer. For co-signer requirements, contact the office for more information.

Co –Applicant’s Information

Full Name: _____
Last First Middle
Social Security Number: _____ Date of Birth: _____
Street Address (No P.O. Boxes): _____
City/ State/ Zip _____ E-Mail: _____
Mailing Address (if different from street address) _____
City/ State/ Zip _____
Drivers License Number _____ Relationship to Borrower: _____
Home Phone: _____ Cell Phone: _____
How long at current Address? _____ Years _____ Months Own _____ Rent _____ Other _____
Landlord/ Mortgage Holder Name & Phone # _____
Monthly Mortgage/ Rent Amount: _____ Mortgage Balance _____
Approx. Home Value (if you own) _____ Gross Annual Income: _____
Current Employer: _____ Position/Title: _____
Employer Address: _____
Work Phone _____ How long: _____ years _____ months
Other Income: \$ _____ Source: _____
Previous Employer: _____ How Long: _____ years _____ months
Please select one: US Citizen _____ Permanent Resident Alien _____ Other _____

Co- applicants Personal Reference

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____

By signing this application, you hereby acknowledge that the information contained herein is true to the best of your ability. Also, you give Higher Ground Helicopters of Cincinnati, LLC permission to process a student loan application on your behalf. If you do not wish to have the application ran for a loan, please indicate so on the front page of this application.

Signature of Applicant. Date:

Signature of Co- Applicant Date: