

Campus Location

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| <input type="checkbox"/> 2211 S. Military Highway, Chesapeake, VA 23320 | Phone: (757) 363-2121 | <input type="checkbox"/> 10640 Davidson Place, Manassas, VA 20109 | Phone: (703) 257-5515 |
| <input type="checkbox"/> 2025 Satellite Pointe, Duluth, GA 30096 | Phone: (678) 377-5600 | <input type="checkbox"/> 7251 West McCarty Street, Indianapolis, IN 46241 | Phone: (317) 243-4519 |
| <input type="checkbox"/> 400 E. Airport Freeway, Irving, TX 75062 | Phone: (214) 333-9711 | <input type="checkbox"/> 4100 Raytown Road, Kansas City, MO 46241 | Phone: (816) 753-9920 |
| <input type="checkbox"/> 3001 Grant Road, Philadelphia, PA 19114 | Phone: (215) 676-7700 | <input type="checkbox"/> 420 Whitney Place, Fremont, CA 94539 | Phone: (510) 553-9600 |
| <input type="checkbox"/> 2725 S. US Highway 17/92, Casselberry, FL 32707 | Phone: (407) 896-2800 | <input type="checkbox"/> 7651 Airport Boulevard, Houston, TX 77061 | Phone: (713) 644-7777 |
| <input type="checkbox"/> 5870 S. Eastern Avenue, Las Vegas, NV 89119 | Phone: (702) 798-5511 | | |

Program Choice

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| <input type="checkbox"/> Aviation Maintenance Technician | <input type="checkbox"/> Day Shift |
| <input type="checkbox"/> Aviation Maintenance Technical Engineer Certificate (Aviation Maintenance Technician Electronics in Philadelphia) | <input type="checkbox"/> Evening Shift |
| <input type="checkbox"/> Associate of Occupational Science Degree in Aviation Maintenance Technology (Only available at Atlanta campus) | |

Student Data

FAMILY NAME	GIVEN	MIDDLE	AGE	DATE OF BIRTH (DD/MM/YYYY)
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HOME ADDRESS:

CITY	STATE/PROVINCE	COUNTRY	COUNTRY CODE
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HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	NATIVE LANGUAGE	ENGLISH PROFICIENCY/YEARS OF STUDY OR TOEFL SCORE
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PASSPORT #	WILL YOUR GOVERNMENT PAY FOR ALL OR PART OF YOUR TUITION? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	HIGH SCHOOL DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY (Survey for US Department of Education) <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Two or More Races
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PHYSICAL LIMITATIONS/IMPAIRMENTS, if any:

SPOUSE'S NAME	SPOUSE'S OCCUPATION	COMPANY	PHONE
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NEAREST RELATIVE'S NAME	NEAREST RELATIVE'S OCCUPATION	COMPANY	PHONE
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DOES YOUR SPOUSE/PARENT KNOW OF YOUR INTEREST IN HIGHER EDUCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES YOUR SPOUSE/PARENT APPROVE OF THIS INTEREST? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Other <input type="checkbox"/> Agent <input type="checkbox"/> Friend <input type="checkbox"/> Billboard <input type="checkbox"/> Embassy <input type="checkbox"/> Mailing
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HOW WILL YOU COMMUTE TO SCHOOL? <input type="checkbox"/> Car <input type="checkbox"/> Ride Share <input type="checkbox"/> Public <input type="checkbox"/> Other	HOBBIES & INTERESTS	ASSOCIATIONS, CLUBS OR GROUPS YOU HAVE BELONGED TO?
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WHAT TYPE OF POSITION DO YOU HOPE TO OBTAIN AFTER GRADUATION?	WHAT COUNTRY DO YOU HOPE TO WORK IN AFTER GRADUATION?
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Level of Education

EDUCATION NAME OF SCHOOL	LOCATION (City, State)	DATES ATTENDED FROM TO	YRS COMPLETED	GRADE AVG.	DEGREES TITLE	GRAD- UATED	MAJOR OR SUBJECTS
SECONDARY SCHOOL						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
COLLEGE/UNIVERSITY/TRADE SCHOOL						<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER SCHOOL						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment

START WITH PRESENT OR MOST RECENT POSITION HELD INCLUDING MILITARY EXPERIENCE.

FROM (Month, Year)	COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE
TO (Month, Year)	POSITION, TITLE OR RATING	INDUSTRY OR PRODUCTS	SUPERVISOR NAME	SUPERVISOR TITLE	SUPERVISOR PHONE
DUTIES					

FROM (Month, Year)	COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE
TO (Month, Year)	POSITION, TITLE OR RATING	INDUSTRY OR PRODUCTS	SUPERVISOR NAME	SUPERVISOR TITLE	SUPERVISOR PHONE
DUTIES					

References

NAME	ADDRESS	PHONE	EMAIL	RELATIONSHIP
HAVE ANY OF YOUR FRIENDS OR RELATIVES ATTENDED THIS SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF FRIEND OR RELATIVE WHO ATTENDED THIS SCHOOL			

Emergency Information

NAME	ADDRESS	PHONE	EMAIL	RELATIONSHIP

ADDITIONAL INFORMATION OR COMMENTS:

Attend School With A Friend

RIDE TO SCHOOL, ATTEND CLASSES, STUDY AND SHARE A REWARDING EXPERIENCE.

NAME	ADDRESS	PHONE	EMAIL	CURRENT OCCUPATION

*Attach resume if available

All of the above information is accurate and correct to the best of my knowledge. I hereby authorize the school or it's agent to communicate with any person, credit reporting agency, firm or corporations, including my employer, in respect to my suitability to attend school. Further, by submitting this application, I give consent that AIM (Aviation Institute of Maintenance) or its agents, may contact me via email, phone (both mobile or home, dialed or automatically), or other means regarding programs, offers and general information about our school as part of our Privacy Policy. I agree to submit any claims arising out of my attendance or any aspect thereof, including disputes concerning alleged civil rights violations, to binding arbitration.

APPLICANT SIGNATURE: _____ DATE _____

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PROGRAM	<input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift	EXPECTED START DATE	GRADUATION DATE	ENTRANCE TEST SCORE (if required)
REGISTRATION FEE	ADMINISTRATION FEE	DATE PAID	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	
TUITION	ORIGINATION FEE	AMOUNT FINANCED		