



# JACOBS FLIGHT SERVICES, LLC

1090 Airglades Blvd • Clewiston, FL 33440 • 1-855-JFS-FLYS

www.JacobsFlightServices.com

## International Student Application for Admissions

### GENERAL INFORMATION

**SOCIAL SECURITY NUMBER:**

□	□	□	□	□	□	□	□	□
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**FULL NAME as it appears on your passport (Do Not Abbreviate)**

**Last/Family Name:**

**First Name:**

**Middle Name:**

### PASSPORT

**Number:**

**Issuing Country:**

**Expiration Date:**

### U.S. MAILING ADDRESS

**Street:**

**City:**

**State:**

**Zip:**

### FOREIGN MAILING ADDRESS (Must Be Included)

**Street:**

**City:**

**Province/State:**

**Country:**

**Zip:**

### DAYTIME TELEPHONE NUMBER

### EVENING TELEPHONE NUMBER

(    )

(    )

### RACE/ETHNIC BACKGROUND

African American

Caucasian

American Indian/Alaskan Native

Hispanic

Asian/Pacific Islander

### MARITAL STATUS

Married

Single

### GENDER

Male

Female

### DATE OF BIRTH

Month/Day/Year

/ /

### CITY OF BIRTH

### COUNTRY OF BIRTH

### COUNTRY OF CITIZENSHIP

/ /



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## International Student Application for Admissions (cont'd)

### MONTH AND YEAR YOU PLAN TO ATTEND

Month

Year

### INTENDED PROGRAM OF STUDY

- Private Pilot
- Commercial Pilot
- Instrument Rating
- Professional Pilot Program

### CITIZENSHIP

- Student Visa (Passport expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Other Visa Type (Specify): \_\_\_\_\_

### IS ENGLISH YOUR NATIVE LANGUAGE?

- Yes
- No (Specify native language): \_\_\_\_\_

## PREVIOUS EDUCATION VERIFICATION

Please provide names under which you were enrolled at previous educational institutions:

Maiden/Former Name(s):

**HIGH SCHOOL INFORMATION:** (You must provide an official transcript(s) reflecting high school graduation sent to: Jacobs Flight Services. An official transcript is one that is sent directly from your issuing institution to Jacobs Flight Services or hand carried in a sealed envelope from the institution. Official transcripts/records from schools outside the U.S. must be translated into English and evaluated by an official evaluation service.)

### NAME OF HIGH SCHOOL

City:

State:

Country:

### TYPE OF DIPLOMA:

- Standard High School Diploma
- Special Diploma
- Certificate of Completion
- College Ready Diploma
- GED (\_\_\_\_\_)

### GRADUATION DATE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MONTH/DAY/YEAR**

Students with a special diploma or certificate of completion must earn a GED before initiating training.



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## International Student Application for Admissions (cont'd)

### PREVIOUS EDUCATION VERIFICATION (cont'd)

**COLLEGE AND UNIVERSITY INFORMATION:** (You must provide an official transcript(s) reflecting high school graduation sent to: Jacobs Flight Services. An official transcript is one that is sent directly from your issuing institution to Jacobs Flight Services or hand carried in a sealed envelope from the institution. Official transcripts/records from schools outside the U.S. must be translated into English and evaluated by an official evaluation service.) List all colleges and universities previously attended.

NAME OF COLLEGE OR UNIVERSITY	CITY	STATE/COUNTRY	ATTENDED FROM:	ATTENDED TO:	DEGREE EARNED:	DATE EARNED:

**PREVIOUS FLIGHT TRAINING:** (You must present your log book plus any training records from previous flight schools. If not in English, logbooks and/or training records must be accompanied by an English translation.)

NAME OF SCHOOL	COUNTRY	SINGLE ENGINE HOURS	MULTI ENGINE HOURS	LICENSES/RATINGS

**E-MAIL ADDRESS:**

#### EMERGENCY CONTACT (LOCAL)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

#### EMERGENCY CONTACT (FOREIGN)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_



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***International Student Application for Admissions (cont'd)*****VERIFICATION STATEMENT:**

*Attendance at Jacobs Flight Services is a privilege and in order to maintain the School's ideals of character, scholarship and training, the School reserves the right to require the withdrawal of any student at any time for violating any School policy or procedure or for violating any local, State, or federal law. By registering, each student assumes the responsibility to become familiar with and to abide by the general regulations and rules of conduct. Rules of conduct are outlined in the catalog and other Jacobs Flight Services published documents.*

*Jacobs Flight Services is an equal opportunity, open admissions institution. Admission to Jacobs Flight Services is made without regard to age, gender, color, religion, or national origin.*

***I CERTIFY*** that all of the information given on this application is complete and accurate. I understand that any misrepresentation of facts may result in the immediate cancellation of my registration and my credit(s) earned.

***I UNDERSTAND AND AGREE*** that I will be bound by Jacobs Flight Services regulations as published in the catalog and other published documents.

***I UNDERSTAND AND AGREE*** to provide proper documentation to support my International Student Application.

***I UNDERSTAND AND AGREE*** that my failure to provide required documentation will result in a delay of my admissions process.

***I CERTIFY*** that I will abide by Jacobs Flight Services Drug Free Policy that requires the applicant to pledge not to possess, sell, purchase, deliver, use, manufacture or distribute illegal drugs or controlled substances while present on the campus or in attendance at any Jacobs Flight Services sponsored event.

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**Applicant's Signature****Date**

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**Parent or Legal Guardian (if under 18) Signature****Date**