



Telephone: (434) 237-8428

Application for Admission
AVIATION MAINTENANCE TECHNICIAN SCHOOL
P.O. Box 4209, Lynchburg, VA 24502

Date of Application: _____

Name: _____ Social Security No.: _____
LAST FIRST MI

Gender: Male Female

Mailing Address: _____
STREET CITY STATE ZIP

Home Telephone #: (____) _____ Cell Phone #: (____) _____

Date of Birth: ____-____-____ (mm/dd/yyyy)

Emergency Contact Name: _____ Telephone #: (____) _____

If Employed: Business Phone: (____) _____

Employer Name: _____

Education

CIRCLE THE NUMBER OF SCHOOL YEARS ATTENDED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 5

COMPLETE THE APPLICABLE INFORMATION BELOW.

Table with 8 columns: School Type, Name, Location, No. of Yrs. Completed, Year Graduated, Degree / Course, and two empty columns. Rows include High School, College, and Other.

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is bona fide occupational qualification), handicap, national origin or other non-merit factors. Employer, date of birth, social security, sex, and race information are optional and used for research, reporting and management of student records.