

Train-A-Pilot Application
EAA Chapter 274
<https://chapters.eaa.org/ea274>

Name: Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - ____ - ____ Email: _____

Father's Full Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - ____ - ____ Email: _____

Mother's Full Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) - ____ - ____ Email: _____

Brothers/Sisters (please list names and ages): _____

School Attending: _____ Grade: _____

GPA: _____

Extra Curricular Activities: _____

Hobbies: _____

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Employment Experience:

Employer: _____ Position: _____ Date: _____

Employer: _____ Position: _____ Date: _____

Volunteer Experience:

Organization : _____ Position: _____ Date: _____

Organization : _____ Position: _____ Date: _____

Flight Experience: (Please describe any flying experiences you have had in any type of aircraft)

References (please provide three):

Name: _____ Phone: (_____) ____ - ____

Name: _____ Phone: (_____) ____ - ____

Name: _____ Phone: (_____) ____ - ____

Attachments:

1: Essay (on a separate paper, in 500 words or less, please attach a statement on the following topic "Why I Would Like to Become a Pilot")

2: Transcript showing current GPA

3: Three letters of Reference

I certify that the above statements are true.

Applicant Signature: _____ Date: _____

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Parent/Legal Guardian Approval to Participate in the Train-A-Pilot Program

Please checkmark your answers

1: Do you support the applicant's pursuit of aviation flight training? ____ YES ____ NO

2: Do you acknowledge there will be a significant time commitment required to complete private pilot training? ____ YES ____ NO

3: Are you willing to assist the applicant in making the necessary time and resources available to pursue flight training? ____ YES ____ NO

4: Do you acknowledge there will be additional expenses outside of flight training (study materials, aviation medical exam, written exam, and checkride) that will not be covered by the EAA Chapter? ____ YES ____ NO

5: Be aware that a rapid completion of the flight training results in a lower overall cost. EAA Chapter 274 has committed to funding 40 hrs of flight training. If the applicant should require more training time, the additional cost is the applicants responsibility. Do you accept this additional possible cost? ____ YES ____ NO

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Please send completed applications to:

Train-A-Pilot
511 E Mt. Gilead Rd
Decatur, IL 62521