

AAHS APPLICATION COVER SHEET

Student's full name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home or Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Applicant's E-mail address: \_\_\_\_\_

Student's school of choice: \_\_\_\_\_

1st Reference Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2nd Reference Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you attended flight school anywhere else prior to this application: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give location and details

\_\_\_\_\_  
\_\_\_\_\_

What Licenses do you currently have: Pvt \_\_\_\_\_ Com \_\_\_\_\_ CFI \_\_\_\_\_ Multi \_\_\_\_\_ None \_\_\_\_\_

Approximate number of hours flown: \_\_\_\_\_

Applicant's GPA \_\_\_\_\_

Full time or part time student: \_\_\_\_\_

College status: Freshmen \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Are you on schedule with getting your License, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any awards or honors you may have received:

\_\_\_\_\_  
\_\_\_\_\_

Why did you select aviation pilot as a career choice:

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this completed Application along with all other required information. Must be submitted by mail or emailed no later than midnight September 27th 2024. Completed packages must be sent to:

Rick Edwards  
79 Robinwood Drive  
Little Rock, Arkansas 72227  
or email to [rick@triplesalarm.com](mailto:rick@triplesalarm.com)  
Phone # 501-258-4599