

EAA[®] SPORT PILOT ACADEMY

Student Application

If you would like to train with the EAA Sport Pilot Academy, please respond to the following questions to the best of your ability and submit the completed application to Jon Eisele, EAA Flight Programs Manager, at jeisele@eaa.org.

Please note that any condition or other medical information that you disclose in response to this application will not automatically disqualify you from participating in the Sport Pilot Academy, or obtaining your Sport Pilot certificate. EAA will use this information to make an individualized assessment to ensure that your health and safety, and the health and safety of anyone involved in the program, is not compromised or placed at risk based on the unique requirements, demands, and safety considerations of participating in the program.

**Indicates required information*

Date of Application:* _____

Name:* _____

EAA Member Number:* _____

Address:* _____

City, State, Country:* _____

Email:* _____

Cell Phone:* _____

Date of Birth:* _____

Weight:* _____

Shirt Size: _____

Food allergies or dietary restrictions: _____

Occupation: _____

a. If a student: _____

• Where do you attend school? _____

• What is your degree/field of study? _____

• What year do you plan to graduate? _____

• What would you like to do post-graduation? _____

Aviation-related experience (if any): _____

Special skills or qualifications: _____

Do you plan to use: (a) Your Driver's License; or (b) FAA Third Class Medical Certificate, as proof of medical qualification?* _____



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If you have ever applied for a Third Class Medical Certificate, was the Third Class Medical denied on your most recent application? _____

Have you ever been diagnosed with any medical, mental, or physical conditions, as outlined in Federal Aviation Regulations Sec. [67.301-67.313](#), any of which might affect your training or your ability to fly an airplane, that your instructors should be aware of? Please provide details.* (If you would rather not respond to this question via email, we would be more than happy to discuss it with you over the phone). _____

Are you currently taking any medical treatments or prescribed, over the counter, or recreational drugs? Please provide details.* (If you would rather not respond to this question via email, we would be more than happy to discuss it with you over the phone). _____

Have you completed your FAA Sport Pilot Knowledge Test?* _____
a. If no, when do you plan to have it completed? _____

Desired training session. Please enter number(s) to indicate order of preference:*

August 8 – 30, 2020 _____

September 5 – 27, 2020 _____

October 3 – 25, 2020 _____

How did you hear about the EAA Sport Pilot Academy?* _____

Why do you want to become a pilot and/or attend the Sport Pilot Academy?* _____

Comments, questions, or concerns. _____

Applicant's Signature

