



AEROSCHOLARS COURSE PURCHASE FORM

Student Information

Fill form out in ink (blue or black). For multiple student purchases, provide primary contact information.

Name: _____ Date of purchase: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail Address: _____
 Parent or guardian name: _____

School or organization name: _____

Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 AeroScholars Facilitator Name (if known): _____

Check all that apply:

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> 12 th Grade | <input type="checkbox"/> Private School | <input type="checkbox"/> Male |
| <input type="checkbox"/> 11 th Grade | <input type="checkbox"/> Public School | <input type="checkbox"/> Female |
| <input type="checkbox"/> 10 th Grade | <input type="checkbox"/> Home School | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

Check all that apply

- | | | |
|---|-------|--------------------------|
| <input type="checkbox"/> Course 1: Fundamentals of Aviation Science (2cr) | \$225 | Number of Students _____ |
| <input type="checkbox"/> Course 2: Advanced Aviation Science, Private Pilot (4cr) | \$250 | _____ |
| <input type="checkbox"/> Course 2: Materials: (per student – needed to complete course) | \$50 | _____ |

Purchase Total: \$ _____

Check one of the following:

- Spring semester (January -June) Year: _____
 Summer semester (June-September)
 Fall semester (September-January)

Refer to the web site
www.AeroScholars.com
for exact semester dates

Payment Method

Charge my:  

Name on card: _____

Email receipt to: _____

Mailing address: _____

Expire date: _____ / _____ Card Security Code: _____
MONTH YEAR

Signature: _____

Fax to: 801-616-3911

Make Checks payable to: "AeroScholars"

Send payment, along with this form to:

**AeroScholars Registration
PO Box 634
Oshkosh, WI 54903-0634**