



AEROSCHOLARS COURSE PURCHASE FORM

Student Information (Fillable PDF) For multiple student purchases, provide primary contact.

Student Name: _____ Date: _____

Age : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent / Guardian: _____

Phone: _____ Email: _____

School or organization name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School Contact: _____ Email: _____

Check all that apply:

12th Grade
11th Grade
10th Grade
Other _____

Private School
Public School
Home School
Other _____

Male
Female

Check all that apply

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | Course 1: Fundamentals of Aviation Science (2) | \$295 |
| <input type="checkbox"/> | Course 2: Advanced Aviation Science, Private Pilot (3cr) | \$295 |
| <input type="checkbox"/> | Course 2: Materials: (per student – needed to complete course) | \$50 |
| <input type="checkbox"/> | Course 3: Drones: Remote Pilot Certification | \$295 |

Number of Students

Purchase Total: \$ _____

Check one of the following:

Spring semester (January -June)
Summer semester (June-September)
Fall semester (September-January)

Year: _____

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

Charge my: VISA MasterCard AmEx DISCOVER

Name on card: _____

Email receipt to: _____

Mailing address: _____

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

Signature: _____

Fax form to: 801-616-3911

Make Checks payable to: "AeroScholars"

Mail payment, along with this form to:

AeroScholars Registration
PO Box 634
Oshkosh, WI 54903-0634