

AEROSCHOLARS COURSE PURCHASE FORM

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

Student Name:	Age : Date:			
Mailing Address:		_		
City:			Zip:	
Phone:				
Parent / Guardian:				
	Email:			
School or organization name:				
Address:			l	
City:	State:	Zip:		
School Contact:	Email:			
Check all that apply:				
12 th Grade	Private School		Male	
11 th Grade	Public School		Fema	le
10 th Grade Other	Home School Other			
Check all that apply Course 1: Fundamentals of Aviat Course 2: Advanced Aviation Sci Course 2: Materials: (per student Course 3: Drones: Remote Pilot (Course 4: Middle School Aviation Check one of the following: Spring semester (January - May) Summer semester (June - August Fall semester (August - December	ience, Privatè Pilot (3cr) - needed to complete course) Certification n Careers Year:		chase Total: Refer to the volume. AeroScoror exact semi	web site
Charge my: Same on card:				
	Email receipt to:			
	Mailing address:			
Expire date: Card Security Code:				
Signature:				
Make Checks payable to: "AeroScholars"		Fax form to: 801-616-3911		
Mail payment, along with this form to:				
A P	eroscholars Registration O Box 0088 hree Lakes, WI. 54562-0088			