

APPLICATION FOR ADMISSION



GREENWOOD FLIGHT CENTRE

Waterville, Kings County Municipal Airport
PO Box 1774, Greenwood, NS, B0P 1N0
902-538-5986 1-888-336-8393
www.flygfc.com mail@flygfc.com

Please Print Clearly

dd / mm / yyyy

Last Name First Name Date of Birth

Mailing Address

City Province Postal Code Country

() ()

Telephone Cell No. Email

Citizenship

What is your intended funding? _____

Educational Experience – Please indicate Program, School and Completion Date

High School Diploma or Equivalent: _____

Post Secondary Education: _____

Other (specify): _____

Do you have previous flying experience? (if yes please indicate below)

Type of License/Rating Held: _____

Total Time	Dual	PIC	Night	Cross Country	Multi Engine	Instrument

Applicants Signature

To the best of my knowledge, the information contained within this application is accurate and true. It is understood that Greenwood Flight Centre reserves the right of selection based upon the information supplied with this application.

Signature: _____ Date: _____

Please Note:

Before an application can be processed the following information must be received:

1. Greenwood Flight Centre Application for Admission Form
2. Academic Transcripts (High School, Post Secondary)
3. \$100.00 CDN Non Refundable Application Fee
4. Photocopy of a current CAT 1 Aviation Medical