

SIR



STUDENT INFORMATION RECORD

(This form must be completed without any questions being omitted)

INSTRUCTIONS

Please complete this form. The information you provide will be used by the College to help determine your acceptance. In order to qualify, each of the questions must be answered in full. All information will be handled as confidential and will become a part of your student file. It is very important to your future at Spartan College of Aeronautics and Technology that you provide accurate answers to each question. If you need more room to answer any question, use a sheet of blank paper for your remarks. Remember, the more complete information you provide, the faster the Admissions Department can review your application.

PERSONAL INFORMATION

Applicant's Name _____ Male
 Female

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone (_____) _____ Alt. Phone # (_____) _____

Hometown Newspaper _____

Admissions Representative _____ Date _____

1. Social Security Number _____ Date of Birth _____ Place of Birth _____

U.S. Citizen: Yes No Alien Registration # _____ Naturalized Citizen # _____

Is English your primary language?: Yes No If no, what is your primary language? _____

2. Marital Status: Single Married Divorced Number of Children _____

If married female, maiden name: _____

3. Program at Spartan that interests you most? _____

4. If accepted, how soon could you start your education? _____

5. Racial-Ethnic Data*: Multi-Ethnic Background African American American Indian or Alaskan Native

Asian or Pacific Islander Hispanic White, Caucasian

*Required for statistical reports only; not used to determine eligibility for admission, financial aid or education services.

STUDENT BACKGROUND AND ACADEMIC INFORMATION

- 1. Name of High School _____ Phone Number _____
Guidance Counselor _____ Graduation Date ____/____/____ or GED Date ____/____/____
2. Overall grade point average in High School _____ ACT/SAT/ASVAB _____
3. What is/was your favorite subject? _____ What subject did you like the least? _____
4. What math courses have you taken? _____ Hands-on courses? _____
5. Were you enrolled in any special education or learning disability courses? [] Yes [] No
School _____ Teacher _____ Grade _____
6. Do you feel you applied yourself 100% to your education? [] Yes [] No
A. If no, why not? _____
B. How would you rate your overall attendance? _____
C. What life changes would you have to make if given the opportunity to attend Spartan College of Aeronautics and Technology?
• Will you have to move? _____ • Do you have transportation? _____ • Are you working now? _____
• Will the long days while attending Spartan be a change for you? _____
7. What is your current level of education? [] HS [] GED [] Associates Degree
[] Diploma Post Secondary [] Bachelor's Degree [] Masters/Doc.
8. Have you had any college level classes or other technical education?
Date School / College Name Program Major Diploma/Degree
9. Have you ever made application to Spartan? [] Yes [] No If yes, when? _____
10. Have you ever attended Spartan? [] Yes [] No If yes, when? _____ Which program? _____
11. Have you had flight training? [] Yes [] No dual hours _____ solo hours _____
class of medical certificate _____ license(s) held _____
12. Have you ever been arrested for anything other than a traffic violation? [] Yes [] No If yes, please explain & include dates.
13. Do you feel there is anything in your background that would prevent you from being accepted by our College? [] Yes [] No

PARENT INFORMATION (To be completed by parent of dependent applicant)

- 1. Father's Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
2. Mother's Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
3. If your son/daughter is accepted to Spartan, will you support his/her decision to attend our college 100%, or is there something else that you would rather see him/her do? [] 100% [] other _____
4. How do you feel about your son/daughter leaving home to attend college? _____
5. If your son/daughter gets homesick, will you encourage him/her to stay in college and continue his/her education? [] Yes [] No
6. Does your son/daughter usually finish something he/she start if it interests them? [] Yes [] No
7. Are you confident that your son/daughter would successfully complete a Spartan program if given a chance? [] Yes [] No
Why? _____

Parent Signature _____

FINANCIAL INFORMATION

1. How much money have you or your family set aside to start your education? (Now) _____ (Goal) _____
2. Will you need financial aid to help you pay for your education? Yes No
3. Have you ever used financial aid before? Yes No If Yes, dates used _____

MEDICAL INFORMATION

The information you provide on this questionnaire is confidential. If you answer yes to any question, be sure to explain the condition in detail. Please include the dates, medication you may still be taking, and full information on any remaining disability. A positive answer to any question on this questionnaire does not necessarily mean you are unacceptable to Spartan College of Aeronautics and Technology.

Please explain all medical conditions in detail using an additional sheet of paper if necessary.

1. Are you taking any medication? Yes No Name of medication: _____
Reason for this medication: _____
2. Do you have impaired vision? Yes No Do you have trouble seeing colors (color blindness)? Yes No
Is your vision corrected to 20/20 with glasses or contact lenses: _____
3. Have you ever had any injury to your back? Yes No If yes, explain: _____
_____ Date of injury: _____
4. Some careers require the ability to lift at least 50 lbs., do you have any impairment that would prevent you from lifting at least 50 lbs.? Yes No Explain: _____
5. Are you presently under a physician's care for any condition? Yes No
6. Have you ever used or are you currently using any form of controlled substance not prescribed by a physician? Yes No
Explain: _____
7. Do you have or ever had: (Answer each individual question with a check mark)

Yes No When
M / Y

- | | | | |
|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Heart Disease or Heart Attack |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | High Blood Pressure...If yes, what medication
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Tuberculosis or other Lung Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Convulsions |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Hearing Trouble or High Frequency Loss...
Which? _____ |

Yes No When
M / Y

- | | | | |
|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Frequent Headaches |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Dizziness |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Fainting Spells |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Allergies.. .What are you allergic to?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Ulcers |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Amputation of any part of the body... Specify:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Psychiatric Treatment |

I certify the above medical information is true and correct.

Applicant's Signature

Date

DRUG SCREENING ACKNOWLEDGMENT

1. All students are subject to drug testing while attending Spartan. _____
Signature Date
2. All Flight students are required to pass a drug screening issued by a College appointed physician before they are allowed to solo. _____
Signature Date

VETERAN INFORMATION

1. Are you a veteran? Yes No
2. Are you eligible for VA Educational Benefits? Yes No Amount (\$) per month you will receive _____
3. If so, under which program? New G.I. Bill Reserves "New G.I. Bill" VA Rehabilitation
4. Date entered service _____ Branch of service _____
5. Date of separation _____
6. Claim (C) No. _____ If Reserves/Guard, etc.-have you been activated? _____
7. Have you used these educational benefits before? Yes No
If yes, give name, address and program taken at last college attended:
Name _____ Address _____
Program _____
8. Describe work in military service _____

PROFESSIONAL REFERENCES (NON RELATIVES)

1. Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
2. Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

STUDENT COMMITMENT

1. Spartan College of Aeronautics and Technology does not have an open enrollment policy. We are interested in accepting only those students who can successfully graduate from our program(s) and benefit from our graduate assistance service. Therefore, our President would like you to explain why you should be accepted. (use a separate sheet if necessary.)

2. If you are accepted by the college, will you start your education on the date you are scheduled to begin? Yes No
3. Will you apply yourself 100% to your studies and stick with your program until you graduate? Yes No
4. On a scale of 1-10 (10 being highest), how would you rate your ability to finish what you start? _____

I certify that all of the answers above are true and correct.

Applicant's Signature

Date

ADMISSION REPRESENTATIVE'S RECOMMENDATION

Based on my interview with the above named applicant, I recommend him/her for acceptance by Spartan College of Aeronautics and Technology.

Admission Representative's Signature

Date

Comments: _____
