

Aviation Training Form

We are collecting this personal information to determine and verify your eligibility for financial assistance for Fixed Wing or Helicopter Training at a private flight training school in accordance with the *Student Financial Assistance Act* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The collection, use and disclosure of your personal information is done under the authority of the *Freedom of Information and Protection of Privacy Act* (Alberta) and is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions about the collection of this information, call the Student Funding Contact Centre: in Edmonton 780-427-3722, or toll free in Canada 1-800-222-6485.

Have your school complete the form if you are pursuing Fixed Wing or Helicopter Training at a private flight training school and attach it to your Application for Financial Assistance Full-Time Post-Secondary Studies.

The maximum assistance provided by Students Finance for students to complete an entire fixed wing training program (four components) or an entire helicopter training program is equivalent to the maximum amount of funding available for four semesters of post-secondary study. **Students Finance does not fund private pilot license training or the completion of build-up time.**

Students Finance wishes to ensure that students do not find themselves having to withdraw from this program due to lack of funds. If your needs cannot be met, Students Finance will not release any funds until you provide written details of a feasible arrangement to cover the shortfall in funding.

If you are a first-time applicant pursuing fixed wing training, **attach a copy of your private pilot license.**

The Authorized Official at the school must complete this form.

Name of School	Area Code	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
This is to certify that (Name of Student)	Social Insurance Number	
<input type="text"/>	<input type="text"/>	
Has applied to enroll for the period		
From		To
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year
Name of Program		
<input type="text"/>		

The student will be enrolled in the following flight component(s). One component should not exceed 4 months. Please check box(es) that apply.

Commercial Airplane Pilot

- Commercial Pilot License
- Multi-Engine Rating
- Multi-Engine Instrument Rating
- Flight Instructor Rating

Commercial Helicopter Pilot

- Entire Training Program
- Partial Training

Curriculum Costs

Tuition

\$

Books and Supplies

\$

I declare that the above named student is/will be enrolled in the above program and should be able to complete this program within the time indicated above.

Signature of School Official (sign in ink)

Title of School Official (sign in ink)

Date Signed (sign in ink)

Phone Number of School (in ink)