

AVIATION MAINTENANCE TECHNOLOGY PROGRAM APPLICATION

EMPLID # _____ 1-Year Track _____ 2-Year Track (Circle: AM or PM)

NAME: _____

ADDRESS: _____

VCCS Email Address: _____

Cell Phone Number: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Relationship: _____

Projected Semester of enrollment: _____

Short Answer Questions.

If you need more space, please attach an additional sheet.

I. AVIATION EXPERIENCE?

Briefly describe your job duties and skills related to paid or unpaid aviation or maintenance experience. Please feel free to attach a resume to your application.

II. Why are you interested in the AMT program?

III. Why do you believe that you would be a strong candidate in this program?

IV. List some of your short term and long term goals. How does the AMT program relate to your goals?

I certify that all statements on the AMT Application are true and correct to the best of my knowledge.

Applicant's signature: _____ Date: _____

**COMPLETE & RETURN TO: Admissions & Records – ATTN: Melissa McElveen
Office Use Only**

Application Received: ___/___/___ By: _____ To Committee: ___/___/___

Committee: __ Approved __ Denied

Student Response: __ Accept Offer __ Declined Offer Date: ___/___/___