



5125 VOYAGER DRIVE, LB 20
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DIRECTOR OF OPERATIONS

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CB RICE

PUBLIC RELATIONS

LISA MORGAN

APPLICATION FOR C.R.P. FUTURE PILOTS FLIGHT SCHOOL (CRPFPS)

2010 SUMMER INTERNSHIP PROGRAM

(To be submitted by April 1, 2010)

PART I (To be completed by Student Applicant)

Full Name _____ D.O.B. ____/____/____

Sex _____ Social Security Number (Last four) / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____

Name of High School: _____

Grad. Date: ____/____/____

High School Address: _____

City: _____ State: _____ Zip Code: _____

SAT or ACT Scores: _____ High School GPA: _____

Name of College, University or Institution you plan to attend:

Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Intended Major: _____ Career

Objective: _____

Have you been accepted by this College _____ Yes _____ No _____ N/A

List Extra Curricular Activities in High School:

Number of years enrolled in an Airframe/Power Plan academic program: _____

Do you current have a FAA Medical Certificate? _____ Yes _____ No

(If yes to the above) Provide type, date of expiration: ____/____/____

List A&P License/experience(s):

**CRP
Future Pilots
Flight School**



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Are you currently employed: _____ Yes _____ No

(If Yes) Date employed: ____/____/____ Part Time ____ Full Time

Name of Employer: _____

Address: _____

Phone: () _____

Mode of personal transportation: _____

Can you ensure that you will be able to arrive on-time at DFW Airport for your internship?

_____ Yes _____ No



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Part II (To be completed by Student Applicant)

Indicate type of aviation experience and programs attended. If you're currently registered in a program, list courses to be covered by that program:

Name of program: _____

Currently registered for courses: _____ Yes _____ No

If yes, complete the section below. Indicate only the courses to be covered by this fund.

Title of Courses	Official Start Date of Classes	Official End Date of Classes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above course(s) are leading to (Check One):

- _____ Private Pilot
 _____ Advanced Piloting Certifications
 _____ A&P Certification



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Part III (To be read and completed by Potential 2010 SUMMER Internship Applicant)

I certify that the information provided on this application and all required documentation provided is complete and accurate. By application or submission of this form, I consent to the release of all school records that may be needed by C.R.P. Future Pilots Flight School (CRPFPS) to verify my attendance and completion of courses at the institution named or confirm any other information in this application packet. CRPFPS reserves the right to verify all information given. **I understand that falsification or deletion of information on this application form or any required documentation throughout the application or internship will be grounds for the rejection and or withdrawal from the program.**

Applicant Signature

Date

Applications must be returned by April 1, 2010.



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Part IV (To be completed by Student Applicant's Parent(s) or Guardian)

Full Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____

Are you currently employed? _____ Yes _____ No

Number of family members residing in your household: _____

Number of dependents (other than applicant) currently attending college: _____

I certify that my child and I understand the following requirements for CRPFFPS internship:

1. He/or She will arrive on time for work when scheduled at DFW Airport.
2. Their conduct will be held to the highest standards
3. Dress Code and Appearance will keep with the appropriate level business attire.

Signature

Date