



AEROSCHOLARS COURSE PURCHASE FORM

Student Information (Fillable PDF) For multiple student purchases, provide primary contact.

Student Name: _____ Age : ____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent / Guardian: _____

Phone: _____ Email: _____

School or organization name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School Contact: _____ Email: _____

Check all that apply:

12th Grade
11th Grade
10th Grade
Other _____

Private School
Public School
Home School
Other _____

Male
Female

Check all that apply

		Number of Students
Course 1: Fundamentals of Aviation Science (2)	\$295	_____
Course 2: Advanced Aviation Science, Private Pilot (3cr)	\$295	_____
Course 2: Materials: (per student – needed to complete course)	\$50	_____
Course 3: Drones: Remote Pilot Certification	\$295	_____

Purchase Total: \$ _____

Check one of the following:

Spring semester (January -June)
Summer semester (June-September)
Fall semester (September-January)

Year: _____

Refer to the web site
www.AeroScholars.com
for exact semester dates

Charge my:    

Name on card: _____

Email receipt to: _____

Mailing address: _____

Expire date: ____ / ____ Card Security Code: _____
MONTH YEAR

Signature: _____

Fax form to: 801-616-3911

Make Checks payable to: "AeroScholars"

Mail payment, along with this form to:

**Aeroscholars
PO Box 0088
Three Lakes, Wisconsin 54562-0088**