

# St. Cloud State University



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## Supplemental Financial Aid Data Form

Print or type information requested; form will not be processed with missing data. Allow 2 weeks for processing.

Name: \_\_\_\_\_ Tech ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Phone: (\_\_\_\_) \_\_\_\_\_ Permanent Phone: (\_\_\_\_) \_\_\_\_\_

### Current FAA Certificates & Ratings:

### Current Flight Time: (list logbook hours)

_____ Student	_____ Total Time	_____ Instrument A/C
_____ Private	_____ PIC/Solo	_____ Instrument(Sim)
_____ Instrument	_____ Dual	_____ Complex
_____ Commercial	_____ SEL	_____ Cross Country
_____ MEL	_____ MEL	_____ Night
_____ CFI		
_____ None		

Flight training planned for \_\_\_ Fall (year \_\_\_) \_\_\_ Spring (year \_\_\_) \_\_\_ Summer (year \_\_\_)

Check rating(s) to be completed in above time period: *(Rating can be used only one time and you must be registered in the appropriate flight course to receive financial aid)*

- |  |   |
|--|---|
| _____ Private (AVIT 102)                     | _____ Commercial SE (AVIT 356)                  |
| _____ Complex/C172                           | _____ Commercial ME ( _ VFR or _ IFR)(AVIT 356) |
| _____ Private ME ( _ VFR or _ IFR)(AVIT 210) | _____ CFI (AVIT 462)                            |
| _____ Instrument SE (AVIT 204)               | _____ CFII (AVIT 464)                           |
| _____ Instrument ME (AVIT 204)               | _____ MEI (AVIT 466)                            |
| _____ CRM/LOFT (AVIT 354)                    |   |

Flight or Ground School courses completed in major or minor program:

\_\_\_\_\_

I certify that the above information is accurate and that **I am using this training as a part of an aviation major or minor program and am enrolled in the appropriate flight course(s)**. I understand that if I receive financial aid for flight training that this training **must** be conducted at a flight school or facility approved by the SCSU aviation faculty.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you filed for aid for flight training before? \_\_\_ Yes \_\_\_ No

If yes, indicate school year(s): \_\_\_\_\_

### FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

I certify that the approximate flight costs associated with the rating(s) listed above will be \$\_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_ Files checked: \_\_\_ Yes \_\_\_ No

Send Financial Aid copy to AS-106; do not let student hand carry. Year: \_\_\_\_\_