

# St. Cloud State University



Aviation Department, HH 216  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498

Phone: (320) 308-2107  
FAX (320) 308-5122  
Email: [aviation@stcloudstate.edu](mailto:aviation@stcloudstate.edu)  
Internet: [www.stcloudstate.edu/aviation](http://www.stcloudstate.edu/aviation)

## Supplemental Financial Aid Data Form

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

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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)*

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| _____ Private                      | _____ Commercial SE                   |
| _____ Complex/C172                 | _____ Commercial ME ( _ VFR or _ IFR) |
| _____ Private ME ( _ VFR or _ IFR) | _____ CFI                             |
| _____ Instrument SE                | _____ CFII                            |
| _____ Instrument ME                | _____ MEI                             |
| _____ CRM/LOFT                     |                                       |

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 SCU 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: \_\_\_\_\_