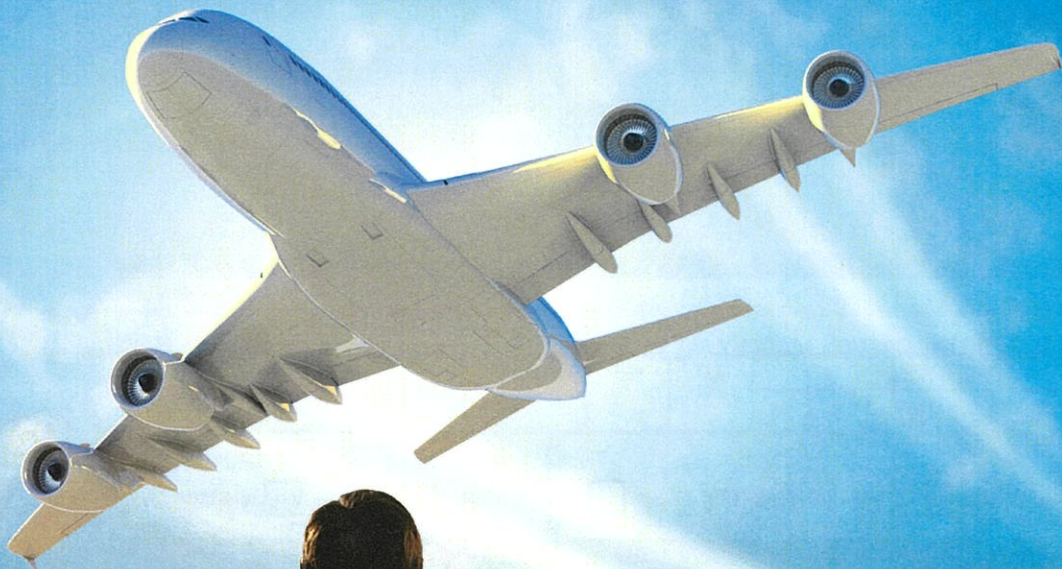


# **CCBC AVIATION ACADEMY**

## *APPLICATION FOR ENROLLMENT*



**CCBC**  
**AVIATION**  
**ACADEMY**

*We Build Dreams • We Train Professionals*



## WELCOME

ARE YOU READY TO START YOUR EXCITING JOURNEY TO BECOME AN AVIATION PROFESSIONAL?

LET YOUR FUTURE TAKE FLIGHT BY JOINING THE CCBC AVIATION ACADEMY.

TO BE CONSIDERED FOR THE AVIATION ACADEMY, PLEASE COMPLETE THIS APPLICATION WITH REQUIRED SIGNATURES.

*PLEASE NOTE: IF ACCEPTED INTO THE AVIATION ACADEMY, THE STUDENT IS REQUIRED TO COMPLETE AN APPLICATION FOR ENROLLMENT.*

### AS A STUDENT OF THE AVIATION ACADEMY, YOU WILL:

- EXPERIENCE HANDS-ON INSTRUCTION FROM CARING AND DEDICATED FACULTY
- BECOME MORE SKILLED IN AVIATION, SCIENCE, TECHNOLOGY, ENGINEERING AND MATH
- DEVELOP AND DEMONSTRATE RESPONSIBILITY AND ACCOUNTABILITY
- THRIVE IN AN ENVIRONMENT OF HIGHER BEHAVIORAL EXPECTATIONS
- ACQUIRE SKILLS FOR EFFECTIVE LEADERSHIP AND LIFELONG LEARNING
- BEGIN YOUR EXCITING COLLEGE EDUCATION
- PREPARE FOR A DYNAMIC, LIFELONG CAREER IN THE AVIATION FIELD

### AVIATION ACADEMY COSTS:

TUITION RATES AND FEES FOR THE AVIATION ACADEMY ARE BASED ON CURRENT COLLEGE TUITION RATES AND FEES.

### PROGRAM OF INTEREST: (PLEASE SELECT ONE)

☐

AEROSPACE MANAGEMENT

☐

AIR TRAFFIC CONTROL

☐

PROFESSIONAL PILOT

☐

UNMANNED AERIAL VEHICLE

### WHO CAN ENROLL?

THE AVIATION ACADEMY IS A DUAL ENROLLMENT PROGRAM FOR STUDENTS WHO ARE IN GRADES 10 THROUGH 12 ATTENDING A PARTICIPATING HIGH SCHOOL. ENROLLMENT MUST BE APPROVED BY THE STUDENT'S PARENT OR LEGAL GUARDIAN AND THE HIGH SCHOOL PRINCIPAL OR DESIGNEE.

### STEP-BY-STEP ENROLLMENT

1. MEET WITH YOUR HIGH SCHOOL GUIDANCE COUNSELOR.
2. COMPLETE THE AVIATION ACADEMY APPLICATION PACKET AND SUBMIT PACKET TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR.
3. SCHEDULE A TOUR OR ATTEND A SCHEDULED OPEN HOUSE AT CCBC'S AVIATION SCIENCES CENTER TO SEE THE FACILITIES AND MEET THE DIRECTOR AND FACULTY.
4. ONCE ACCEPTED INTO THE PROGRAM, PAY YOUR TUITION.
5. CONTACT CCBC AVIATION SCIENCES CENTER WITH ANY ADDITIONAL QUESTIONS:  
AVIATION SCIENCES CENTER: 724-480-3600

UPON ACCEPTANCE TO THE AVIATION ACADEMY, YOU WILL RECEIVE AN OFFICIAL ACCEPTANCE LETTER.

THIS LETTER CONTAINS IMPORTANT DETAILS AND INFORMATION CONCERNING THE CCBC AVIATION ACADEMY.

HAVE YOU EVER COMPLETED AN APPLICATION FOR CREDIT COURSES AT COMMUNITY COLLEGE OF BEAVER COUNTY?  
IF YES, CONTACT COUNSELING FOR MAJOR CHARTS.

☐ YES ☐ NO



(For Office Use Only) I.D.#: \_\_\_\_\_

<b>SOCIAL SECURITY NUMBER</b>												Your Social Security number is required for financial aid eligibility, scholarships, veterans benefits, and IRS tax reporting purposes. To protect your privacy, it will NOT be used as your student identification number.																	
LAST NAME - FIRST NAME - MIDDLE NAME																				SUFFIX									
PLEASE INDICATE ANY CHANGE IN <b>YOUR</b> LAST NAME WHICH MAY APPEAR ON PRIOR RECORDS																													
PERMANENT ADDRESS															CITY/TOWN										STATE		ZIP CODE		
COUNTY - FOR PA RESIDENTS ONLY																													
PARENT/GUARDIAN NAME															PERMANENT ADDRESS (IF DIFFERENT)														
<b>PRIMARY PHONE #</b>		AREA CODE			TELEPHONE					E-MAIL ADDRESS																			
<b>SECONDARY PHONE #</b>		AREA CODE			TELEPHONE					* BIRTH DATE			Month		Day		Year		* GENDER IDENTITY										
																			M F PREFER NOT TO DISCLOSE										
* ETHNICITY <i>please choose one</i>		<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> UNREPORTED																											
		<input type="checkbox"/> NOT HISPANIC / LATINO																											
* RACE <i>please check all that apply</i>		<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN																											
		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE																											
I AM A CITIZEN OF:										MY CITIZENSHIP STATUS IN THIS COUNTRY IS:																			
										<input type="checkbox"/> CITIZEN <input type="checkbox"/> NONRESIDENT ALIEN <input type="checkbox"/> RESIDENT ALIEN																			

ANTICIPATED ENROLLMENT SEMESTER: ☐ FALL (AUG-DEC) ☐ SPRING (JAN- MAY) ANTICIPATED ENROLLMENT YEAR:

NAME OF PARTICIPATING HIGH SCHOOL: \_\_\_\_\_

HIGH SCHOOL GRADE LEVEL ATTENDING: ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR

SAT SCORE: \_\_\_\_\_

(HIGH SCHOOL TRANSCRIPTS REQUIRED. PLEASE PROVIDE SAT SCORE IF AVAILABLE.)

SHIRT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ XXL

HOW DID YOU FIRST HEAR ABOUT CCBC? (Select One)

<input type="checkbox"/> BEAVER COUNTY TIMES	<input type="checkbox"/> CCBC WEBSITE	<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> PERSONALIZED POST CARD/ DIRECT MAIL	<input type="checkbox"/> WBVP (1230 AM)
<input type="checkbox"/> BILLBOARD	<input type="checkbox"/> COLLEGE/CAREER FAIR	<input type="checkbox"/> KDKA-TV	<input type="checkbox"/> PICKLE RADIO (92.1 FM)	<input type="checkbox"/> WMBA (1460 AM)
<input type="checkbox"/> CCBC REPRESENTATIVE	<input type="checkbox"/> FROGGY RADIO (104.3 FM)	<input type="checkbox"/> OTHER		<input type="checkbox"/> WPXI-TV

<b>EMERGENCY CONTACT</b>																								
LAST NAME - FIRST NAME - MIDDLE NAME																								
<b>PRIMARY PHONE #</b>		AREA CODE			TELEPHONE					E-MAIL ADDRESS														
<b>SECONDARY PHONE #</b>		AREA CODE			TELEPHONE					<b>WORK PHONE #</b>			AREA CODE			TELEPHONE					EXTENSION			



**\* VOLUNTARY AFFIRMATION ACTION INFORMATION SURVEY**

With a clear understanding that the completion of these items is on a voluntary basis, we request the following information in compliance with Carl Perkins and Civil Rights legislation. This confidential information survey is used solely by the College Affirmative Action Office for collection and compilation of statistical data as required by state and federal government. Responses do not adversely affect consideration of the applicant in any manner and are not used in an admissions and/or selection process. Information regarding an applicant's age, race, color, national origin, sex and/or disability will be used only in connection with the College's remedial obligations and/or voluntary efforts in compliance with Title VI, Title IX, Section 504, Age Legislation and the ADA.

**DEFINITIONS:**

\*The term "individual with limited English proficiency" means one who has limited ability in speaking, reading, writing, or understanding the English language, and-

(A) whose native language is a language other than English; or

(B) who lives in a family or community environment in which a language other than English is the dominant language.

\*\*The term "displaced homemaker" means an individual whom:

(A) (1) has worked primarily without remuneration to care for a home and family, and for that reason has diminished marketable skills;

(2) has been dependent on the income of another family member but is no longer supported by that income; or

(3) is a parent whose youngest dependent child will become ineligible to receive assistance under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.) not later than 2 years after the date on which the parent applies for assistance under this title; and

(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

**\* 1. ARE YOU AN INDIVIDUAL WITH A DISABILITY?**

☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

**\* 2. ARE YOU A SINGLE PARENT, INCLUDING A SINGLE PREGNANT WOMAN?**

☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

**\* 3. ARE YOU AN INDIVIDUAL WITH LIMITED ENGLISH PROFICIENCY?\***

☐ YES ☐ NO ☐ PREFER NOT TO ANSWER

**AGREEMENT**

I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION IN THIS APPLICATION MAY RESULT IN THE REJECTION OF ADMISSION OR DISMISSAL. THE STUDENT HAS MET PROGRAM REQUIREMENTS AND IS RECOMMENDED.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUIDANCE COUNSELOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
DATE

**Please contact the Information and Registration Center if you have any questions:**

**1-800-335-0222 • 724-480-3504 • or email [admissions@ccbc.edu](mailto:admissions@ccbc.edu)**

**1 Campus Drive, Monaca, Pennsylvania 15061-2588**

According to ACT 73, the College and University Security Information Act, the College will provide upon request information relating to the Safety & Crime statistics on Campus. This information can be obtained from the Public and Safety Office, located in the Student Services Center (#1)

**EQUAL OPPORTUNITY STATEMENT**

Community College of Beaver County is an equal opportunity education institution and will not discriminate on the basis of race, color, familial status, sex, religion, ancestry, national origin, age, disability, or veteran status in its programs, activities or employment practices as required by Title IX of the Educational Amendment of 1972, section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, the Americans With Disabilities Act of 1990, and all other applicable laws.

For information regarding civil rights or grievance procedures, services, activities, programs and facilities which are accessible to and usable by individuals with disabilities, contact the Vice President of Human Resource Development, Administrative Service Center, 724-480-3364.