

GECAS TY AVIATION ACADEMY APPLICATION



| 1. | Student Name: | Email Address & Phone #: |
|------------|---|---------------------------------------|
| 2. | Name of your School : | County: |
| 3. | Name of your TY Coordinator : | Email of TY Coordinator (if known): |
| i . | What are your top 3 favourite subjects? | |
| 5. | Tell us a bit about your interest in Aviation and why you'd like to attend this course: | |
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| 6. | Have you completed any work experience to date? If so, please provide details: | |
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| 7. | Anything relevant you'd like to share with us to help our student selection process? | |
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| Paren | t / Guardian Name: | |
| | Signature: | |

IMPORTANT - PLEASE NOTE THE FOLLOWING:

Completed application forms should be returned to;

Jane Magill, MD Atlantic Air Venture,

Link Road, Shannon,

County Clare

or scan / email to info@atlanticairadventures.com

- Transportation to Atlantic Air Venture facility in Shannon must be arranged by the students themselves similar to any work experience arrangement.
- The academy fee is covered by GECAS however a student contribution of €20 is required to cover Atlantic Air Venture administrative costs.
- For more information on GECAS Visit: <u>www.gecas.com</u>



