



TRINITY AVIATION ACADEMY

EATONVILLE • WASHINGTON

Program Application Form

Trinity Aviation Academy
PO Box 367
Eatonville, WA 98328
360-832-1413

Section 1: Vital Statistics

Name: _____
Last First Middle

Address: _____
Street or Box City State Zip

Telephone: _____ Other Phone: _____
Please indicate: home mobile work Please indicate: home mobile work

E-mail: _____ Contact Preference: Phone E-mail Mail

Sex: Male Female Date of Birth: _____ Citizenship: _____

Are you Single Married Engaged If engaged, planned wedding date is: _____

If married, name of spouse: _____ Number of children: _____

Have you ever traveled outside the U.S.? YES NO If yes, please indicate where, for how long, and for what purpose: _____

Are you conversational in a foreign language? If so, what? _____

Have you researched any sending mission organizations? Please list the ones you are considering.

Have you considered a location where you'd like to serve? YES NO If yes, where? _____

Desired start date with TAA: _____
Month Year

Section 2: Education and Employment History

A - EDUCATION

NAME OF SCHOOL & ADDRESS	YEARS	COURSE EMPHASIS MAJOR	GPA	DATE GRAD	DEGREE
High School	From To				
College	From To				
Bible School	From To				
Vocational or Training	From To				
Other	From To				
.....				

Aviation Ratings Held

	Type	Date Earned	Total Hours
Pilot			
Mechanic			
Instructor			
Other			

List any educational courses, workshops or seminars attended: _____

List any other skills or training that you have, including military service: _____

B – EMPLOYMENT HISTORY

EMPLOYER NAME & ADDRESS	DATES	SUPERVISOR NAMES/TITLE	TYPE OF WORK
Name	From		
Phone	To		
REASON FOR LEAVING			
EMPLOYER NAME & ADDRESS	DATES	SUPERVISOR NAMES/TITLE	TYPES OF WORK
Name	From		
Phone	To		
REASON FOR LEAVING			
EMPLOYER NAME & ADDRESS	DATES	SUPERVISOR NAMES/TITLE	TYPES OF WORK
Name	From		
Phone	To		
REASON FOR LEAVING			

Section 3: Church Involvement and Missions Philosophy

A – CHURCH INVOLVEMENT

Home Church: _____	
Are you a member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Church you are currently attending if different: _____
Street or Box _____	Street or Box _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
contact email _____	contact email _____
Pastor's Name _____	Pastor's Name _____

What ministries are you currently involved with, and how have you served in the past? _____

Have you contacted your pastor, missions committee, or other church leaders regarding your interest in mission aviation? YES NO

B – UNDERSTANDING MISSIONS

Is there someone to whom you are accountable spiritually at the present time? YES NO If yes, please explain: _____

What is your personal testimony and faith journey? (include attachment if needed)

What kind of experience have you had in evangelism? _____

Define missions as you understand it and why you want to be involved in mission aviation work.

If you are married or engaged, does your partner support you and your desire to enter this training? How?

Section 4: References

Please list below three references, **one pastor** (elder or youth pastor is fine) and **two other persons** (other than relatives). These individuals should be well acquainted with you over a number of years and in touch with you recently. Please be sure to include a full mailing address for each.

Name	Complete address, Phone Number and E-Mail Address	Years of Acquaintance	Relationship
Pastor/Elder	Address		
	Phone: E-Mail		
Other	Address		
	Phone: E-Mail		
Other	Address		
	Phone: E-Mail		

Section 5: Notes, Addenda, etc.
