



84 E. Sprague Rd.
Ionia, MI 48846
Phone: (616) 527-4160
Web site: www.smat.edu

Official Use Only

Rec'd _____

Processed _____

Accepted _____

Rejected _____

Notified _____

Application for Admission

2024 - 2025

Please complete this application for admission and return it to the **School of Missionary Aviation Technology**.

General Admissions Information

Official Use Only

\$25 Application Fee pd _____ by _____
\$500 Registration Fee pd _____ by _____

Admission to School of Missionary Aviation Technology is open to all individuals who have the proper background and capacity to benefit from the program and courses taught in our FAA approved Aviation Flight and Aviation Maintenance Technology curricula. SMAT does not discriminate or exclude persons from training on the basis of race, color, national origin, sex, religion, political persuasion, handicap, age, weight, height, or marital status.

School of Missionary Aviation Technology is committed to training persons in aviation for the purpose of equipping them for Christian service in missionary aviation. Our students are expected to uphold a high standard of personal and behavioral values in accordance with our Christ-centered environment. For this reason, there are certain standards of conduct to which we ask all students ascribe. These can be found in our school catalog or our student handbook.

Admissions Fees and Costs

- Include with this application the **\$25.00 application fee**.
- A registration fee of \$500 will be required once your application has been approved and you have been accepted into SMAT's program. This registration fee will assure your place in the upcoming class and will be applied to your first tuition installment.
- Refer to the catalog for all other information regarding schedules, program content, total costs, refund policies, etc.
- Tuition and fees for each payment installment are due and payable according to information found in the catalog.
- Students are responsible to arrange for their individual housing needs. The admissions office is available to help you with these arrangements.

Personal Information

please print

LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT ADDRESS		() HOME PHONE
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		() CELL PHONE
BIRTHDATE	COUNTRY OF CITIZENSHIP	<input type="radio"/> MALE <input type="radio"/> FEMALE

Training Program

Please indicate the program(s) for which you wish to apply:

- ☐ Aviation Maintenance Technology
- ☐ Aviation Flight Training

Family Background

Marital Status: ☐ Single ☐ Married

Name of Spouse (if applicable) _____

Is your spouse in complete agreement with your choice to attend SMAT? ☐ Yes ☐ No ☐ Maybe
Please explain

Names & ages of children (if applicable)

Educational

If high school was not completed, have you earned a GED? ☐ Yes ☐ No

Graduated (highest level): ☐ High School ☐ Some college ☐ College-2 year degree ☐ College-4 year degree
☐ College-post graduate

Year graduated _____ Degree(s) earned: _____

*******Please submit transcript(s) for high school (current if still attending) and any college attended*******

Name of the affiliated college through whom you are receiving credit (if applicable).

List any college(s) previously attended or any mission agencies with whom you are currently or have been affiliated.

Is English your primary language? ☐ Yes ☐ No If no, you will need to provide a copy of your TOEFL score report. See <http://www.ets.org/toefl> for information on taking the TOEFL test.

What languages do you speak?

Church Background

*****NOTE - On a separate sheet of paper, please describe your personal relationship with God. In this history, include the major decisions you have made in your spiritual walk. Please keep your response to no more than two pages.*****

Name of home church _____ Denomination _____

Address _____ City, ST _____ Zip Code _____

Senior/Lead pastor _____ Youth or missions pastor _____

Describe your involvement at church (length of time attended, ministries, etc.).

Are you a member at your church? ☐ Yes ☐ No

☐ No current church affiliation.

Do you envision yourself being a missionary pilot and/or mechanic? ☐ Yes ☐ No

If yes, what led to your decision to become a missionary pilot/mechanic? _____

Is your church, including financially, supportive of your call to missionary aviation? ☐ Yes ☐ No ☐ Maybe

Explain. _____

Medical Background

How would you describe your health? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

List any allergies.

List any physical limitations.

Are you capable of lifting 50 or more pounds? ☐ Yes ☐ No

Health insurance carrier _____ Policy # _____

Interests

What do you enjoy?

What frustrates you?

What motivates or inspires you?

Where do you see yourself in 10 years?

Please list any previous work experience.

How did you learn about School of Missionary Aviation Technology?

Financial Status

Privacy

1. SMAT takes the privacy of your personal financial information very seriously and will use that information only in accordance with the terms of this submission. We will not use your personally identifiable information for any purpose other than the stated intent.
2. The information included with this document is only for the purpose of ensuring that funds will be available to pay for the training you are pursuing.
3. SMAT conforms to the Family Education Rights and Privacy Act (FERPA) and no disclosure will be made for any purpose other than what may be deemed necessary by the administrative staff of School of Missionary Aviation Technology.

Proof of funds for training:

☐ Sponsor List name(s) and address(s) of sponsor(s) [attach proof of their funding source(s) or a signed statement].

☐ Employment List name and address of current employer.

☐ Other and/or federal student aid, scholarships Describe other source(s) of funding [attach proof].

Will you have the total tuition & living expense amounts by the scheduled due dates? ☐ Yes ☐ No

If no, please explain.

(Note: if you plan on applying for federal student aid, please include our OEP identification number on your FAFSA: **04 20 70**)

Housing / Employment Requirements

Are you in need of SMAT's assistance in finding student housing? ☐ Yes
☐ No, I already have this taken care of.

If yes, what are your specific needs? Please note any individual religious beliefs, dietary preferences, family pets, etc. that may impact your preferred living arrangement.

Are you willing to share accommodations with other students? ☐ Yes ☐ No

What is the maximum you are willing to pay for housing? \$_____ per month (rent + utilities)

What amount have you budgeted per month for living expenses? \$_____

Will you have your own vehicle available for local transportation during the school year? ☐ Yes ☐ No

If no, are you prepared to financially assist another student with gas and upkeep of their vehicle in order to carpool? ☐ Yes ☐ No

Will you be seeking part-time employment and if so, how many hours per week would be desirable?

☐ Yes ☐ No ☐ Maybe

_____ hours

References

Reference forms will be sent to individuals who have had an influence in your life. Please provide the appropriate information for each of two references which may include: 1) *pastor or spiritual advisor*; 2) *former instructor or employer*. These individuals will share their thoughts and recommendations regarding you and your desire to enroll in our program(s). SMAT will contact these individual prior to considering you for acceptance into the program. To help expedite this process, please provide an accurate e-mail address.

1. Reference No. 1 (individual able to speak to your spiritual inclination and growth)

Name _____

Address _____ City _____ ST _____ Zip _____

Phone (_____) _____ Cell (_____) _____

E-mail _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned applicant, hereby voluntarily waive any right or privilege by Public Law 93-380 to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the writer and School of Missionary Aviation Technology.

Signature of Applicant _____ Date _____

(Signing this waiver is voluntary and is not required as a condition for admission.)

2. Reference No. 2 (individual able to speak to your social propensity)

Name _____

Address _____ City _____ ST _____ Zip _____

Phone (_____) _____ Cell (_____) _____

E-mail _____

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Signature of Applicant _____ Date _____

(Signing this waiver is voluntary and is not required as a condition for admission.)

Application Deadline

International – June 11 , 2024

US Citizen – August 2, 2024 (preferred, however, applicants may be considered until mid-August if openings remain)

Attach

Photo

Application Checklist

- ☐ Non-refundable application fee (\$25) included
- ☐ Current photo attached
- ☐ Flight applicants only – copy of First or Second Class Medical
- ☐ Copy of TOEFL score report (if applicable)
- ☐ Application completed and signed [all 10 sections + required attachment(s) ~ see pages 2, 3, & 5]

Notification Process

Upon receipt of your application, SMAT will acknowledge its arrival with an e-mail communication. References will be contacted and, with the return of both reference forms, internal review of your application will take place. If accepted to register, you will receive written notification along with further information regarding the registration process itself. If you have questions, please feel free to contact the admissions office.

Send completed application and additional documents/attachments along with a \$25 check made payable to:

School of Missionary Aviation Technology
Office of Admissions
84 E Sprague Rd
Ionia MI 48846

Phone: (616) 527-4160
Fax: (616) 527-4180
info@smat.edu

To the best of my knowledge, I certify that the information on this application is true and correct.

Applicant's Signature

Date