



# New Flight School Eligibility Questionnaire

Thank you for your interest in establishing a relationship with Sallie Mae for your students' private loan funding needs. Tell us more about your school by completing all of the fields below. Please download this form, save it and return the completed form to our Relationship Management Team at relationship\_management\_support@salliemae.com with your school name in the subject line. A specialist will reach out to you within 3 business days to discuss the opportunity to work with your institution.

School Name: \_\_\_\_\_ Tax Status: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website URL: \_\_\_\_\_ Date School Established \_\_\_\_\_  
 What is your legal entity name? \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Title IV Status: \_\_\_\_\_ OPEID: \_\_\_\_\_ Accredited? \_\_\_\_\_ Licensed? \_\_\_\_\_

Name of Accreditation Agency(s): \_\_\_\_\_

Can you provide three years of GAAP standard accountant-prepared audited financial statements?

Has your school gone through a change of ownership or acquisition within the last 5 years?

If yes, provide date(s) and specific details: \_\_\_\_\_

Annual Enrollment (all programs): \_\_\_\_\_ Placement rate within last 6 months: \_\_\_\_\_  
 Graduates to date: \_\_\_\_\_ Percentage of students that complete within 150% of program length: \_\_\_\_\_  
 Instructor/Student Ratio: \_\_\_\_\_ Percentage of full-time students: \_\_\_\_\_

Do you offer programs - pilot training, airline maintenance, or both?

Do you have your FAA Part 141 Certificate?

If you offer airline maintenance, do you have your FAA Part 147 Certificate?

If you offer pilot training:

Do you conduct a skills assessment/pilot screening to ensure students have the ability to meet commercial pilot standards:

Do you require your students to attain an FAA Second Class Medical Certification?

Are you authorized to conduct check rides?

<b>Annual COA - Most Common</b>	<b>Annual COA - Most Expensive</b>	<b>Students -US/International for entire school</b>
Program Name: _____	Program Name: _____	Projected Year: _____
Tuition & Fees: _____	Tuition & Fees: _____	Current Year: _____
Room & Board: _____	Room & Board: _____	Previous Year: _____
Misc/Travel: _____	Misc/Travel: _____	
Books/Supplies: _____	Books/Supplies: _____	

Expected Annual Number of Borrowers: \_\_\_\_\_ Estimated Average Loan Amount (per borrower): \_\_\_\_\_

Provide all additional campus locations (if more than 3, provide attachment with all campuses):

Additional School Code(s)	Campus Name	Physical Street Address	City	State
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**\*Additional Information you would like Sallie Mae to consider:**