



AVIATION CAREER EDUCATION (ACE) ACADEMY

Application Form (Please type or print in ink)

Name _____
(Last) (First)

Address _____
(Street)

(City) (State) (ZIP)

Home Phone _____ Birth Date _____

Name of Parent/Guardian _____

Work Phone _____ Emergency Phone _____

Name of current middle/high school _____

2008-09 Grade _____ Age _____ Shirt Size _____

Optional Information:

Male _____ Female _____

Ethnic Background (**Please check \surd only one**)

- 1) _____ American Indian/Alaskan Native 2) _____ Asian/Pacific Islander
- 3) _____ Black (Other than Hispanic) 4) _____ Hispanic
- 5) _____ White (Other than Hispanic) 6) _____ Other

Wayne State University is an equal opportunity/affirmative action employer.
Wayne State University-People working together to provide quality service.

1) List the school activities, clubs, organizations or sports teams in which you participated during this school year.

2) Why would you like to attend the ACE Academy, and how do you think it will benefit you? Please write a brief paragraph in the space provided.

3) Please submit (2) letters of recommendation from one of your teachers by mail or faxed (See below)

(Applicant's Signature)

(Date)

(Parent/Guardian Signature)

(Date)

QUALIFICATIONS & REQUIREMENTS

Admission to the ACE Academy is both competitive and selective.

Applications Must Be Complete, Including The Medical Consent Form. A letter of recommendation sealed by a school staff. Complete applications should be returned by mail to: GEARUP College Day Office, 5700 Cass Avenue, Suite 2729 AAB, Detroit, MI 48202 or by fax to (313) 577-8011, on or before **Friday, May 29, 2009** to be considered.

Please provide us with a copy of the applicant's:

- 1) Most recent grades / progress reports.**
- 2) School Transcript.**
- 3) Birth Certificate (required for security clearance)**

For further information contact:
William Robinson, Jr., 577-3085, FAX: 577-8011

PHOTO RELEASE WAIVER

I give Wayne State University/GEARUP/College Day Program, its employees and agents the irrevocable right to use my child's, picture, portrait, or photograph in all forms and media and in all manners, including composite, or advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

Child Name: _____

Parents Signature: _____ Date: _____

Printed name: _____