

DOVER ACE ACADEMY APPLICATION JUNE 22-26, 2009 ADMISSION (Application Deadline is May 17, 2009)

Students must be US citizens between the ages of 13-17.
Students must have a *sincere* interest in learning about aviation.
To be considered for selection, students must return the following,
(postmarked by May 17, 2009):

- The application.
- Additional information such as: special honors, letters of recommendation, resume, community service, etc.

Mail to: OBAP NE REGION VP
2009 DOVER ACE ACADEMY
ATTN: GERRY DUPREE
3000 NORTHERN DANCER ROAD
BOWIE, MD. 20721

SELECTION:

Selection is based on your application package.
Your essay must be written in your own (legible) handwriting.

NOTIFICATION: Participants will be notified of selection by May 30.

ORIENTATION: Parents and students are required to attend an orientation session with the ACE Directors prior to the start of the camp. The date and location will be forthcoming.

GOALS

Introduce students to aviation careers.
Meet aviation professionals.
Learn how to prepare for a career in aviation.
Learn how an airplane flies.
Fly in the right seat of an aircraft.
Have fun!

Student Guidelines:

Must wear ACE T-shirt provided by the sponsors every day, appropriate shorts, slacks, jeans or skirts, tennis or sport type shoes and name tag.

For safety reasons, no sandals or open toe shoes, no short shorts, short skirts, baggy oversized style jeans, and no facial jewelry.

Must use the sponsor-provided transportation for field trips.

Must be on time each day or risk missing the field trips.

Must participate in all daily activities.

Are not allowed to leave early without prior coordination between parents/ACE directors.

Will be removed immediately for inappropriate language and behavior.

Drugs, alcohol, tobacco products, weapons, beepers, laser pointers, electronic devices are not permitted and will be confiscated.

ACE APPLICATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ DATE OF BIRTH _____
GRADE LEVEL FALL 2009 _____ SCHOOL YOU ATTEND: _____
ARE YOU A US CITIZEN: _____
Have you attended an ACE Academy? _____ Where: _____

How did you hear about the ACE
Academy? _____

PARENT/GUARDIAN NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
CELL PHONE: _____

PARENTS' EMAIL
ADDRESS: _____

As the parent/guardian, I certify that my child has permission to apply for the ACE Academy. I understand that, if selected, he/she will receive an introductory airplane flight. If selected, my child will attend the full program and can be removed for inappropriate conduct.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

COMPLETION OF THIS SECTION IS VOLUNTARY AND USED TO DETERMINE HOW WELL THE PROGRAM SERVES ALL SEGMENTS OF THE POPULATION.

MALE _____ FEMALE _____
AFRICAN AMERICAN _____ NATIVE AMERICAN _____ HISPANIC _____
CAUCASIAN _____ ASIAN AMERICAN _____ OTHER _____

CIRCLE T-SHIRT SIZE (ADULT SIZES)

SMALL MEDIUM LARGE XL XXL

**STUDENT
NAME**

**TELL US ABOUT YOU in your own handwriting: (1) WHY YOU WOULD
LIKE TO
ATTEND THE ACE ACADEMY; (2) YOUR CAREER GOALS; (3) SPECIAL
INTEREST
IN AVIATION; (4) YOUR HOBBIES, COMMUNITY SERVICE, AND OTHER
INTERESTS.**