



RAISING HORIZONS®

Founded 1976

OBAP ACE ACADEMY

Organization of Black Airline Pilots Inc.

ACE Academy Application

First Name _____ M.I. _____ Last Name _____

Address _____ City _____ State _____

Zip _____ Home Ph _____ Cell _____

E-mail _____ Date of Birth _____ Sex _____

Has applicant participated in the Ace program before? _____, If yes at what location and what year did the applicant participate? _____.

Parent / Guardian Information

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____

Home Ph _____ Cell _____

Bus Ph _____ Emergency Ph _____

Signature _____ Date _____

Parent/Guardian

Please DO NOT send this application to the OBAP National Office. Please refer to the web site and email this application **to** the Director for the Academy you are interested in attending. Academy participation fees may vary and will be determined by the Director. There may be additional entrance requirements.

Please contact the Academy Director via email for additional information. This application DOES NOT guarantee acceptance to any Academy. You will be notified by the Academy Director regarding your status.

Thank you for your interest in OBAP Ace Programs,

Clifton W. Curtis Jr.

National Director

OBAP Ace Academy