



Application for the **UNITED STATES AIR FORCE** **AIM HIGH Flight Academy**

Application
Current as of 15 Sep 2021
All Previous Versions are Obsolete



Who may apply?

In order to apply for this program, you must be between the ages of 16-23 (born on/after 13 August 1999 and on/before 28 May 2006). You must be a full time student in High School, College, or you can be an enlisted member of any service. College students must be enrolled at the USAFA or in AFROTC.

Applicants must:

1. Be at least 16 years old by 1 June in the year of the desired AIM HIGH Flight Academy.
2. Have a cumulative grade point average (CGPA) of 3.0 or above (on a 4.0 scale).
3. The student's High School Principal must verify their GPA. The principle must confirm the student has not exhibited any detrimental conduct during the previous school year.
4. A strategic partner (p.8) must nominate students and complete the nominating form (p.7) with the application. Additionally, a nationally recognized leadership and/or aviation program can nominate students of sound moral fiber.
5. Not currently hold a private pilot's certificate.

Alternate Flight Academy Certification

Through the AIM HIGH Flight Academy application process, you have the opportunity to be selected for an 8-week AFJROTC flight academy. Your answer to the following question has no effect on whether you will be selected or not. *If selected, I am okay with attending a AFJROTC Flight Academy. and obtaining a Class 1 medical exam.* Yes No

Applicant Certification:

I am voluntarily applying for a scholarship to attend a public or private flight school at Air Force discretion.

I understand the Air Force is not liable for my personal conduct or health.

I certify no guarantees have been given to me concerning my selection.

I understand my continuation in the selection process is contingent upon meeting the requirements of a Federal Aviation Administration (FAA) Flying Class III flight physical and appropriate medical clearance.

I am a US citizen (Note: Citizenship has no bearing on acceptance and is provided for internal program management purposes only). If not a US citizen, I understand I must obtain a TSA clearance upon selection.

If selected, I will adhere to behavioral, dress, training standards, AHFA policies, and flying standards of the Flight School. I understand selection for and/or completion of this program does not obligate me to serve in the Active, Reserve, or Guard components of the United States Military.

If you are 18 and over do you have a valid: Passport number (if applicable), Driver's license number, or DOD ID/Common Access Card (CAC), if applicable.

I understand my success is singularly dependent on my ability to meet the training standards for the AMS Flight School. Finally, I understand I may be required to pilot an aircraft potentially 6 days a week to include studying from 9-10 hours a day in an academic environment to be successful. Students will receive flight training Monday – Saturday from 0700-1600. Students may or may not be required to fly on Saturdays.

I understand that alcohol and drug use in any form remains a prohibited act during this program. Use of drugs or alcohol during the AHFA will result in immediate dismissal. Underage drinking or drug use may result in local police involvement.

Student and Parent/Guardian Verification

Typed name/date below confirms all of the above information and certifies that it is true/accurate. Parent or Guardian Signature is required for those below 18 years of age.

Student: _____ **Date:** _____

Parent: _____ **Date:** _____

APPLICANT INFORMATION

Last Name First Name Middle Initial

Date of Birth Gender Race

Home Address

City State Zip Code

Telephone Email

Name of School

How did you hear about AIM HIGH Flight Academy?

Last day of school Summer of 2020
or graduation date (whichever later)

First day of school Fall of 2020

Current Grade

General Experience

Are you currently employed?

If so, please list your title:

Have you held a leadership position in your school or community in the last 24 months?

If so, please list your title(s):

Have you been part of a team in the past 24 months?

If so, please specify what kind of team(s):

Aviation Experience

0-5 hours 6-10 hours Total # of hours Ground school complete/certificate issued

11-20 hours 20+ hours

Air Force Junior ROTC member AFJROTC Unit #

Civil Air Patrol member Civil Air Patrol Unit:

What is your current involvement in aviation or what do you hope to achieve if selected for this program:

List your Flight/STEM (Science, Technology, Engineering, and Math) experiences, level/classes or programs: Examples are: Air Camp, Aeroeducate.org, Inspiration4 Flight, Youth Aviation Adventure, etc:

For Juniors and Seniors ONLY

I am a Junior or Senior and I am interested in applying for an Air Force ROTC 4-Year college scholarship.

I am a Junior or Senior and I am interested in applying to the Air Force Academy and having an Academy Liaison Officer contact me about the Academy Admission process.

Student and Parent/Guardian Verification

Typed name/date below confirms all of the above information and certifies that it is true/accurate.

Student:

Date:

Parent:

Date:

PARENT OR LEGAL GUARDIAN APPROVAL

Last Name

First Name

Middle Initial

Home Address

City

State

Zip Code

Telephone

Email

Parent or Legal Guardian Certification

Parent or Guardian Signature is required for those below 18 years of age.

I approve of my child applying for and, if selected, attending a Flight Academy program through an Air Force Contracted Flight School

I understand my child is voluntarily applying for a scholarship at a public or private Flight School (at Air Force discretion). The Air Force makes no guarantees regarding my child's possible selection, potential to attend and/or successful completion, nor does the Air Force make any other warranties. Furthermore, I understand there are circumstances associated with aviation outside the control of the host Flight School which could interfere with the completion of the program.

I understand participation and/or completion of the program does not obligate my child to serve in the Active, Reserve or Guard components of the United States Military.

I understand the selection process is extremely competitive and my child may not be selected.

In exchange for the benefits my child will receive by participating in this program I hereby voluntarily agree, on behalf of myself and my child, to indemnify the Air Force in connection with my child's attendance and participation in the Aim High Flight Academy, including travel. I understand the Air Force is solely the scholarship provider and I agree to release the United States Air Force from any and all liabilities and claims whatsoever in connection with my child's attendance and participation in the program.

I hereby give my permission to the United States Air Force to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials and for other purposes specified below. I understand my child may be identified in any photographs, news stories or publications the Air Force considers appropriate for release to magazines, newspapers, the World Wide Web sites of its sub-organizations and/or other publications. I further understand any such photographs, films, videotapes, sound recordings and/or written works are the property of the U.S. Air Force and that neither my child nor I am entitled to any compensation for or rights in these materials. I release the United States Air Force from all liability with respect to the matters covered by this release.

Parent/Legal Guardian Verification

Parent or Guardian Signature is required for those below 18 years of age.

Initials (left) with typed name/date below confirms all of the above information and certifies that it is true/accurate.

Signature:

Date:

HIGH SCHOOL PRINCIPAL OR COUNSELOR RECOMMENDATION

Note: This section must be completed by the Principal or High School Counselor of the student's current school. It is the student's choice who completes the form.

Work Title _____ School Name _____
 Last Name _____ First Name _____
 Telephone _____ Email _____

I certify that this student has an _____ score of _____

I certify that this student has an _____ score of _____

I certify that this student has a CGPA of _____ (on a 4.0 scale).

Student Assessment

Please share your candid opinion of the student in the following categories.

| The student: | YES | NO |
|---|-----|----|
| 1. Is driven and self-motivated to fly | | |
| 2. Is able to work independently | | |
| 3. Adapts to changing situations | | |
| 4. Can proactively identify and solve problems | | |
| 5. Demonstrates critical thinking | | |
| 6. Consistently follows directions | | |
| 7. Presents ideas clearly in spoken and written communication | | |
| 8. Works well with others of a diverse background | | |
| 9. Demonstrates the ability to multitask | | |

Please include any additional information about the student for the board to take into consideration:

I recommend this student (typed name and date).

Name: _____

Date: _____

USAFA AOC OR AFROTC DETACHMENT COMMANDER RECOMMENDATION

Note: This section must be completed by the Air Officer Commanding (USAFA) or AFROTC Detachment Commander of the cadet's current institution. It is the cadet's choice who completes the form.

Work Title _____ School Name _____
 Last Name _____ First Name _____
 Telephone _____ Email _____

I certify that this student has an _____ score of _____

I certify that this student has an _____ score of _____

I certify that this student has a CGPA of _____ (on a 4.0 scale).

Student Assessment

Please share your candid opinion of the student in the following categories.

| The student: | YES | NO |
|---|-----|----|
| 1. Is driven and self-motivated to fly | | |
| 2. Is able to work independently | | |
| 3. Adapts to changing situations | | |
| 4. Can proactively identify and solve problems | | |
| 5. Demonstrates critical thinking | | |
| 6. Consistently follows directions | | |
| 7. Presents ideas clearly in spoken and written communication | | |
| 8. Works well with others of a diverse background | | |
| 9. Demonstrates the ability to multitask | | |

Please include any additional information about the student for the board to take into consideration:

I recommend this cadet (typed name and date).

Name: _____

Date: _____

SQUADRON COMMANDER OR EQUIVALENT RECOMMENDATION

Note: This section must be completed by the Squadron Commander or equivalent of the enlisted member's current organization. It is the member's choice who completes the form.

Work Title Organization
 Last Name First Name
 Telephone Email

I certify that this member has a fitness assessment score of _____

I certify that this member has a CGPA of _____ (on a 4.0 scale).

Student Assessment

Please share your candid opinion of the student in the following categories.

| The student: | YES | NO |
|---|-----|----|
| 1. Is driven and self-motivated to fly | | |
| 2. Is able to work independently | | |
| 3. Adapts to changing situations | | |
| 4. Can proactively identify and solve problems | | |
| 5. Demonstrates critical thinking | | |
| 6. Consistently follows directions | | |
| 7. Presents ideas clearly in spoken and written communication | | |
| 8. Works well with others of a diverse background | | |
| 9. Demonstrates the ability to multitask | | |

Please include any additional information about the student for the board to take into consideration:

I recommend this student (typed name and date).

Name: _____

Date: _____

NOMINATING ORGANIZATION RECOMMENDATION

Note: This section must be completed by the nominating organization. It is the student's choice who completes the form.

| | |
|------------|-------------------|
| Work Title | Organization Name |
| Last Name | First Name |
| Telephone | Email |

Student Assessment

Please share your candid opinion of the student in the following categories.

| The candidate: | YES | NO |
|---|-----|----|
| 1. Is driven and self-motivated to fly | | |
| 2. Is able to work independently | | |
| 3. Adapts to changing situations | | |
| 4. Can proactively identify and solve problems | | |
| 5. Demonstrates critical thinking | | |
| 6. Consistently follows directions | | |
| 7. Presents ideas clearly in spoken and written communication | | |
| 8. Works well with others of a diverse background | | |
| 9. Demonstrates the ability to multitask | | |

Please include any additional information about the candidate for the board to take into consideration:

I recommend this candidate (typed name and date).

Name:

Date:

NOMINATING ORGANIZATION LIST

Nominating Organization List:

- Aircraft Owners & Pilot Association (AOPA)
- American Institute of Aeronautics and Astronautics (AIAA)
- Experimental Aircraft Association (EAA)
- National Gay Pilot Association (NGPA)
- Organization of Black Aerospace Professionals (OBAP)
- University of Aviation Association (UAA)
- Women in Aviation International (WAI)
- International Aviation Women's Association (IAWA)
- Latino Pilot Association (LPA)
- Ninety-Nines (99's)
- Professional Asian Pilot Association (PAPA)
- FIRST Robotics
- Dee Howard Foundation
- Civil Air Patrol (CAP)
- Air Force Junior Reserve Officer Training Corps (AFJROTC)
- Aviation Community Foundation (ACF)