



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

Application  
Current as of 27 Oct 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 28 May 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. Applicants must receive a nomination. Nominations can be from any partner organization listed on the last page of this application or any individual who can speak to the applicants character.
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:

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

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

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

JD 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.

JD 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.

JD 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.

JD 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.

JD 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.

JD 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

Signature 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: John Doe Date: 27 Oct 21

Parent: James Doe Date: 27 Oct 21

## APPLICANT INFORMATION

Last Name Doe First Name John Middle Initial A

Date of Birth 05/28/2005 Gender Male Race White

Home Address 1234 Freedom Lane

City Dayton State OH Zip Code 12345

Telephone (123) 456-7980 Email john.doe@gmail.com

Name of School Hap Arnold High School

How did you hear about AIM HIGH Flight Academy? Online

Last day of school Summer of 2022 or graduation date (whichever later) 05/09/2022 First day of school Fall of 2022 09/05/2022 Current Grade \_\_\_\_\_

**General Experience** No If so, please list your title: \_\_\_\_\_  
Are you currently employed?

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

If so, please list your title(s): ASB President

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

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

### Aviation Experience

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

11-20 hours  20+ hours

Air Force Junior ROTC member  AFJROTC Unit # 832

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:**

I received an orientation flight through my Boy Scout troop and I absolutely loved it! I don't have any large aviation focused organizations in my area, but I want to continue my journey to become a pilot!

**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:**

Young Eagles through EAA

### 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

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

Student: John Doe Date: 27 Oct 21 Parent: James Doe Date: 27 Oct 21

## PARENT OR LEGAL GUARDIAN APPROVAL

Instructions: Parent or legal guardian approval is required for applicants that are below the age of 18. Parents should complete this document, initial next to the certification statements below, and sign the bottom of this page. Completed parental/legal guardian approval should be scanned and uploaded with the student's application

Last Name Doe First Name James Middle Initial A

Home Address 1234 Freedom Lane

City Dayton State OH Zip Code 12345

Telephone (987) 546-1254 Email james.doe.12@yahoo.com

### 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.

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

Signature: *James Doe* Date: 27 Oct 21

## STUDENT RECOMMENDATION FORM

Instructions: This section is the character reference/recommendation. This may be completed by a nominating organization, USAFA AOC, ROTC Detachment Commander, High School Principal, Teacher, Sport Coach, or any nationally recognized leadership or aviation related organization.

Work Title Scout Master School/Org Boy Scouts of America  
 Last Name Powell First Name Baden  
 Telephone 789-123-4564 Email baden.powell@yahoo.com

Recommendations from USAFA AOCs, Squadron Commanders, or JROTC/ROTC Detachment Commanders should include the applicant's fitness assessment score. Please write the score and circle what type of score it is. (Air Force Academy PFT/AFT, or Air Force Fitness Assessment). For students that don't have a fitness assessment, write N/A in the score block.

- I certify that this student has a Fitness Assessment Score of N/A (AFA PFT) or (AFA AFT) or (PT Test)  
 I certify that this student has a Fitness Assessment Score of N/A (AFA PFT) or (AFA AFT) or (PT Test)  
 I certify that this student has a CGPA of N/A (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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is able to work independently	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Adapts to changing situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Can proactively identify and solve problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates critical thinking	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Consistently follows directions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Presents ideas clearly in spoken and written communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Works well with others of a diverse background	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates the ability to multitask	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

It is my privilege to write this letter of recommendation for John Doe, who aspires to attend AIM HIGH Flight Academy this summer. I met John Doe in 2000 when he joined our Boy Scout troop. I have watched him grow and become an individual who would make a fantastic addition to your program!...

**Yes / No** I recommend this student (typed name and date). John Doe

Signature: Baden Powell Date: 27 Oct 21

## GPA VERIFICATION FORM

Instructions: This section is a GPA verification. This may be completed by any school/home school official who can certify the applicant's GPA is accurate. Home schooled students should follow applicable laws in their home state to determine the appropriate person to verify the applicant's GPA. (ie: home school co-op leads, parents, etc.)

Work Title Principal School/Org Hap Arnold High School  
 Last Name Haynes First Name Olivia  
 Telephone 123-456-7891 Email olivia.haynes@haparnoldhs.edu

I certify that this student has a CGPA of 3.8 (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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is able to work independently	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Adapts to changing situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Can proactively identify and solve problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates critical thinking	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Consistently follows directions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Presents ideas clearly in spoken and written communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Works well with others of a diverse background	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates the ability to multitask	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

I certify that this student has the aforementioned GPA. I also certify that this student has no conduct or behavior issues that would preclude this student from participating in AHFA.

**Yes/ No I recommend this student (typed name and date).** John Doe

Signature: Olivia Haynes Date: 27 October 2021