Aerospace Career Exploration Academy 2022

STEM through the lens of Aviation

June 22-24, 2022

Contact:
Division of Aeronautics
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2022 ACE Academy

Hosted by the Idaho Division of Aeronautics and its many wonderful partners, the *Aerospace Career Exploration (ACE) Academy* is a summer program designed to introduce teenagers to the myriad careers available in the aviation and space industries.

ACE Academy is held at several locations in the region. It engages participants through STEM-related experiential activities and field trips to facilities such as air traffic control towers, flight schools and aerospace businesses, college aviation programs, military aviation bases, and more. Other activities may include seminars on aerospace careers, as well as experiences with hands-on labs, drones, and possibly a flight in a small airplane.

While ACE Academy is primarily for 13 to 18 year olds, research has shown that parents and even teachers may experience some anxiety about science, engineering, technology, and math subjects. Research also has shown that parents are receptive to instruction on how to engage with their children in STEM learning activities, and that teachers need to experience the same hands-on, engaging learning environments and practices as their students. If you are a parent or teacher interested in participating in ACE Academy, please contact the representative in your chosen location.

Enrollment is limited, and tuition is used to offset some of the costs. Limited scholarship assistance may be available for qualifying teenagers. Host families may be available for out-of-town participants who may need lodging during ACE Academy. Accommodations for those with special needs also may be possible with advanced notice.

Once you are notified that the student has been accepted to ACE Academy, tuition of $60 is due.

“ACE Academy was a thrill and the most fun of the summer.” – ACE Student

“It was great to learn in a youth/adult partnership setting.” – ACE Teacher

“So much information I didn’t know.” – ACE Parent

Join us for a fun learning experience!
Application for ACE Academy - June 22-24, 2022

Name: _______________________________  Preferred name for nametag: __________________
Address: _______________________________  Best email: _______________________________
City: ___________________  State: _______  Best phone number: ________________________
Zip: ___________________________  Have you ever flown in a small aircraft? □ Yes □ No
Gender: M / F  T-Shirt Size (adult)_________  Birthdate: _______
Name of school: ___________________________  Grade you will attend next year: ____________

Parent/guardian: ___________________________  Parent/guardian: ______________________
Best Phone #: _______________________________  Best Phone #: _________________________
Email: _______________________________  Email: _______________________________

Emergency Contact: ___________________________  Emergency Phone #: __________________

Do you need a host family? □ Yes □ No
Are you or your family willing to host a participant? □ Yes □ No
Do you need a scholarship? □ Yes □ No  Please explain the circumstances: ________________________
_________________________________________

Remarks: _____________________________________________
_________________________________________

Please complete the application and return no later than May 20, 2022.

STUDENTS:

☐ One-page essay: Why do you want to attend the ACE Academy? Please describe your aviation, science or other educational goals.

☐ One-page Letter of Recommendation from a teacher, who is not a family member.

☐ One-page Letter of Recommendation from someone other than a teacher or family member.

Applications must be postmarked by May 20, 2022  Tuition of $60 due upon acceptance to ACE Academy

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RELEAS AND INDEMNITY AGREEMENT

The undersigned parent(s) or guardian(s) and participant(s) agree as follows:

a) Permission for my teenage child to attend and participate in all ACE Academy activities, without restriction, is hereby granted. I understand my child might receive an aircraft and/or balloon ride from a volunteer pilot who is not in the employment of the Division of Aeronautics or any other ACE Academy partner.

b) It is agreed, on behalf of me and my personal representative, assigns, heirs and next of kin to discharge and not sue the Idaho Division of Aeronautics, Federal Aviation Administration and its divisions, and any of their officers, directors, agents, employees, and any paid or volunteer workers, organizers, facilitators, co-sponsors, partners or stakeholders the activity ("released parties") for any loss, damage or costs resulting directly or indirectly from the released parties’ negligence, while the participant is involved in the ACE Academy.

c) We agree to indemnify and hold harmless each of the released parties for any loss, damage, or costs they may incur, and for any liability that they may have to any other party, as a result of the participant's activities in the ACE Academy, including any loss, damage or costs resulting directly or indirectly from the released parties' negligence.

PERMISSION FOR MEDICAL TREATMENT

I believe my child is physically and mentally capable of participating in all aspects of the ACE Academy. It is my duty to consult a physician to get approval if my child had or now has an injury or illness that would limit or prohibit such activities. I hereby grant permission to take my child to any appropriate medical facility for emergency treatment.

Allergies/Medical Conditions: __________________________

CONSENT FOR PROMOTION

I/we hereby grant permission to photograph and/or interview participant for promotional purposes.

The undersigned hereby agree to follow the rules of conduct established for the ACE Academy. We have read this entire document and fully understand each term and condition set forth above.

Signature of participant: ____________________________ Date: ______________

Signature of parent/guardian: ________________________ Date: ______________

Signature of parent/guardian: ________________________ Date: ______________

Is applicant covered by health insurance? □ Yes □ No

Name of insurance company: ________________________ Policy #: ______________ Group #: ______________

Remarks: _______________________________________

________________________________________________

Return completed application and required documents to your chosen location (see cover for address).