

Application for the Chief of Staff of the Air Force (CSAF) Private Pilot Scholarship (AFJROTC Flight Academy)



AFJROTC/FA Application V2 Current as of 15 Aug 18 All Previous Versions are Obsolete

Who may apply?

1. Sophomore, Junior and Senior Air Force Junior Reserve Officer Training Corps (AFJROTC) Cadets.

Applicants must:

- 1. Be at least 16 years old by 1 June in the year in which you desire to attend the FA. 16 year old applicants will be considered for program acceptance provided HQ AFJROTC's FAA Age Waiver/Exemption is obtained.
- 2. Possess a current (within first 45 days of school) AFJROTC Presidential physical fitness assessment score.
- 3. Have a cumulative grade point average (CGPA) of 3.0 or above (on a 4.0 scale) and obtain a standardized test score on the Aviation Qualification Test (AQT).
- 4. Be endorsed by their Senior Aerospace Science Instructor (SASI) and Principal or High School Counselor.
- 5. Not currently hold a private pilot's license.

Instructions: Complete using the detailed instructions tab titled "**Application Instructions**". The application cannot be printed, scanned or filled in by hand. Incorrect or late applications will not be accepted.

Applicant Certification

I am voluntarily applying for a scholarship to attend a public or private institution at AFJROTC 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 that my continuation in the selection process is contingent upon meeting the requirements of a Federal Aviation Administration (FAA) Flying Class I flight physical and appropriate medical clearance.

If selected, I will adhere to behavioral, dress, grooming, academic, and flying standards of the university and AFJROTC.

I understand that 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 selected and if I successfully earn a private pilot's license, I understand I will be expected to join the Civil Air Patrol (CAP) and fly a minimum of once per month. I will also be expected to fly with a CAP instructor quarterly.

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 agree to release my education records from the partnering institution to AFJROTC.

I understand I am applying for a university program that could result in a private pilot's license and college credit. Furthermore, I understand my success is singularly dependent on my ability to meet the requirements. Finally, I understand that I may be required to work 6-7 days a week and work/study 10-12 hours a day in an academic environment to be successful.

Student and Parent/Guardian Verification

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

Of code and	Data		Data
Student:	Date:	Parent:	Date:

APPLICANT INFORMATION

Last Name	First Name	e	Middle Initial				
Date of Birth	Gender	Race					
Home Address							
City	State	Zip Code					
Telephone	Email	l					
Name of School		AFJF	ROTC Unit #				
Last day of school Summer of 201 or graduation date (whichever late	9 F er)	rirst day of school Fa	II of 2019	Current Grade			
General Experience Are you currently employed?	If so, pleas	e list your title:					
Have you held a leadership position	on, other than AF	JROTC, in your scho	ool or community in the	last 24 months?			
If so, please list your title(s):							
Have you been part of a team, oth	ner than AFJROT	C, in the past 24 mo	nths?				
If so, please specify what kind of t	eam(s):						
Due to limited characters/space, please abbreviate.							
Aviation Experience							
1-19 hours 20+ hours	Total # of ho	urs Ground	school complete/certifi	cate issued			
1 semester or more on a Multicopter Team 1 semester or more on a Rocketry Team							
Civil Air Patrol member Civil Air Patrol Unit:							
1 year or more of Airframe and Powerplant education experience							
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 with an aviation academic focus that also includes continued flight training at the host institution.							
Student and Parent/Guardian Ve	erification						
	<u>.</u>	oformation and cortifi	es that it is true/secure	to			
Typed name/date below confirms all of the above information and certifies that it is true/accurate.							

Parent:

Date:

Date:

Student:

PARENT OR LEGAL GUARDIAN APPROVAL

Last Name	First Name	Middle Initial			
Home Address					
City	State	Zip Code			
Telephone	Email				
Parent or Legal Guardian	<u>Certification</u>				
I approve of my child a	oplying for and, if selecte	d, attending a university aviation program through AFJROTC.			
I understand my child is voluntarily applying for a scholarship at a public or private university (at AFJROTC 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 that are outside the control of host universities that could interfere with the completion of the program. I understand that 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 that 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 at and participation in the AFJROTC Flight Academy Program, including travel. I understand the Air Force is nothing more than a scholarship provider and I agree to release the U.S. Air Force from any and all liabilities and claims whatsoever in connection with my child's attendance and participation in the program.					
recordings of my child, videotapes, sound recording and for other purposes stories or publications to World Wide Web sites photographs, films, videotaphs, videotaphs, videotaphs, video	to quote or publish stater ordings and/or other state specified below. I unders hat the U.S. Air Force co of its sub-organizations a peotapes, sound recording	the to photograph, film, videotape and/or make sound ments of my child and to use such photographs, films, ements for educational and promotional/advertising materials stand that my child may be identified in any photographs, news ensiders appropriate for release to magazines, newspapers, the and/or other publications. I further understand that any such graphs and/or written works are the property of the U.S. Air Force of compensation for or rights in these materials. I release the			

Parent/Legal Guardian Verification

Initiale	(left) with	typed na	me/date below	confirms	all of the	above inform	nation and	certifies that	t it is true/	accurate
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U.S. Air Force from all liability with respect to the matters covered by this release.

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 stude	nt in the following catego	ories.			
The student:		Disagree	Somewhat Agree	Agree	Strongly Agree
Is driven and self-motivated					
2. Is able to work independently					
3. Adapts to changing situations					

I recommend this student (typed name and date).

8. Presents ideas clearly in spoken and written communication

4. Is dependable

5. Can proactively identify and solve problems

9. Works well with others of a diverse background

10. Demonstrates an interest in aviation

6. Demonstrates critical thinking

7. Consistently follows directions

SENIOR AEROSPACE SCIENCE INSTRUCTOR ENDORSEMENT

An endorsement from an applicant's Senior Aerospace Science Instructor (SASI) is required to be considered for the FA. Incomplete application packages, to include those without the SASI's endorsement, will not be reviewed or scored by the selection board.

SASI Rank	SASI Last Name	S	SASI First Name						
AFJROTC Unit	Telephone	Wo	ork Email						
Student Fitness Score	Student Fitness Score				Student WINGS Identification Number				
Percentile Score (can be found in Wings under "Cadet Data - PFT Assessments")									
Student Assessment Please share your candid opinion	of the student in the following cate	gories.							
The student:			Somewhat Agree	Agree	Strongly Agree				
1. Is driven and self-motivated									
2. Is able to work independently									
3. Adapts to changing situations									
4. Is dependable									
5. Can proactively identify and so	ve problems								
6. Demonstrates critical thinking									
7. Consistently follows directions									
8. Presents ideas clearly in spoke									
9. Works well with others of a dive									
10. Demonstrates an interest in a									
SASI Verification I certify the student's AQT score was:									
I have verified the parent or legal guardian listed on this application is on file at this high school.									
I certify the information listed in this application is true and accurate.									
I am the SASI of a Title 1 School.									
I recommend this student.									

Date:

Name: