



LIBERTY UNIVERSITY

# Pathways Flight Academies

AVERETT UNIVERSITY



AVERETT UNIVERSITY  
SINCE 1859

## Virginia Residents Only: Student Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Flight Academy Information

Residential Academy Sessions: Write 1st and 2nd Choice Beside Preferred Weeks. Note: You must attend in residence at the university selected and participate in the entire academy session.

May 28 – June 8, 2019 (Liberty University) \_\_\_\_\_

July 7- 20, 2019 (Averett University) \_\_\_\_\_

July 8-19, 2019 (Liberty University) \_\_\_\_\_

July 22-August 2 (Liberty University) \_\_\_\_\_

Do you have an FAA medical certificate from a flight physical? YES NO If no, are you able to obtain the medical certificate prior to the flight academy? YES \_\_\_\_ NO \_\_\_\_

Will you be 16 prior to the start of your session? YES NO Note: Typical cost for this physical is \$120. Arrangements can be made to assist students without means to cover this cost.

Have you ever participated in past VSGC programs? YES NO If yes, please list all programs and year of participation:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any prior aviation experience? If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## High School Information

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Current

Grade

Level: \_\_\_\_\_ GPA: \_\_\_\_\_

Note: 3.0 GPA Required: Please attach an unofficial high school transcript with your application. Your official transcript will be requested upon selection.

List all extra-curricular activities, organizations, and honors:

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## References

*As part of your application packet you are required to provide two letters of recommendation from individuals who are not relatives. One reference must be from a teacher, school administrator, or counselor who can attest to your academic qualifications. The second should be a character reference from whomever you choose. Please forward the letter of recommendation form to your selected references. Your references will submit the completed form directly to VSGC via email. You are responsible for ensuring references have been completed and submitted to VSGC.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email \_\_\_\_\_

## Legal Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Information

How did you hear about this program? \_\_\_\_\_

Do you have plans to pursue your private pilot's license? If so, describe your plan.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certification by Student

*I certify that I am a U.S. citizen and that my answers are true and complete to the best of my knowledge.*

*If this application leads to my selection, I understand that false or misleading information in my application or interview may result in my disqualification from participation.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Certification by Legal Guardian

I fully support my child's participation in the Pathways Flight Academy. I will be responsible for transportation to and from the academy for my child.

I understand that, if selected, my student will be required to participate in the full two-week residential session. Additionally, an FAA medical exam will be required prior to the start of the academy with a cost of approximately \$120. If there is a financial hardship, VSGC may be able to cover the cost.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay

Please complete an essay using the following guidelines:

- 500-600 words.
- Typed in a 12 point standard font.
- Submitted with your completed application.

In your own words,

1. Describe yourself to us: your academic strengths, interests, and personal characteristics.
2. What kind of extra-curricular activities or hobbies have you engaged in that are meaningful to you?
3. Tell us about any past aviation experiences and goals you have towards a career in aviation.
4. Explain why you wish to participate in a Pathways Flight Academy and how participating would impact your life.

Note: This essay is a critical component in the selection process. It is your chance to present yourself to the selection panel. Answer all questions completely in your essay.

## Application Guidelines

The completed application packet is due by **January 25, 2019** and should include:

- Application
- Copy of high school transcript (unofficial)
- Essay

[Recommendation forms will be returned directly to VSGC by your references. Make sure you allow for adequate time for the form to be completed and returned to VSGC by January 25, 2019.]

Your completed application packet must be delivered to VSGC at the following address:

Virginia Space Grant Consortium  
Old Dominion University Peninsula Center  
600 Butler Farm Road, S-2200  
Hampton, VA 23666

Attention: Kris Kennedy, Program Coordinator