



ACE Camp 2017
Hartness State Airport July 31, 2017-August 4, 2017

Dear Parent / Guardian:

Thank you for your interest in the 2017 Aviation Career Education (ACE) Program. We're anticipating another exciting year!

Enclosed, please find a brochure and forms necessary for enrolling in this year's program. Please look the material over carefully, and be sure to fill out the top portion of the "Young Eagles" registration form. This form allows a flight briefing and a "Young Eagles" orientation flight for your child, if selected to attend.

ACE Camp will be offered at the Springfield State Airport, Springfield, VT. ACE Camp operates in partnership with the Vermont Aviation Advisory Council, (VAAC a not-for profit organization), the Vermont Agency of Transportation, (VAOT), the Aero Club of New England and the Federal Aviation Administration.

The demand for employees in the field of aviation is great, and is anticipated to continue to grow. ACE Camps throughout America offer students challenging and enriching opportunities to explore the aviation industry and related career fields.

Our ACE Camp offers activities in rocketry; tours of Vermont State-owned airports, and Burlington's municipal-owned airport, air traffic control tower and radar facility; weather observation facilities; safety and security as it relates to aviation; glider rides, and possible flights in military aircrafts. Presentations are made by commercial airline professionals, flight instructors, the Federal Aviation Administration (FAA) personnel, the Vermont Wing, Civil Air Patrol (CAP), and the US Military.

Parents and/or guardians are invited to "volunteer" to assist with the camp. As a volunteer, you will be asked to assist children with various activities, such as helping children with rib building, but more importantly, ensuring children are guided throughout the week so they can get the best experience possible. You will also be required to complete a "waiver" form to volunteer at camp. If interested, simply mark your child's application with the days you are available.

If you wish to pursue this opportunity in aviation, for your child, please complete and sign the enclosed forms and mail to:

Vermont Aviation Advisory Council (VAAC)

Roberta Haskin, Treasurer

2235 Airport Road Barre, VT 05641

Acceptance process: Each applicant is asked to compose a hand written, one paragraph essay explaining why she/he would like to attend ACE Camp to include what their experience/interests are in aviation. In addition, each applicant is expected to provide a letter of recommendation from their school's guidance counselor. A \$50.00 non-refundable deposit is required with the initial application. **The deposit will be refunded to you if your child is not selected to attend the camp.**

The application deadline date (post marked) is July 28th, 2017. You will be notified one week after the application deadline date, by mail, regarding acceptance. Your letter of acceptance will provide you with a due date for submitting the balance of the tuition fee. ACE Camp 2017 tuition is \$325.00. The balance would be \$325 minus the \$50 deposit, or \$275. Failure to receive the application fee by the deadline will forfeit your child's attendance. The available slot will be offered to the next child on our waiting list.

You may call me, Walter Striedieck at 802-460-3686 or Roberta Haskin at 802-223-4014 with any question you may have.

Thank you for your interest in our ACE Program.

Sincerely,

Roberta Haskin, Treasurer
VAAC

Sincerely,

Walter Striedieck, Coordinator

2017 ACE Camp
Springfield State Airport, Springfield, Vermont 07/31/2017 – 08/4/2017

Camp Application

Application's Name: _____ Nickname: _____ Age: (As of July 7, 2017) _____

Parent / Guardian's Name: _____ Relation: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone (parent/guardian): _____ Email: _____

Have you ever attended ACE before? Yes ___ No ___ If yes, where _____ Year _____

How did you hear about ACE Camp: Newspaper (Be specific): _____ Star Base: _____ Friend: _____

School: _____ Other: _____

Name/phone number of authorized person providing transportation, for applicant, to and from ACE Camp:

Name: _____ Telephone Number: _____

Social Security Number (_____) requested by the U.S. Department of Defense (DOD) for possible orientation flight (s) in military aircraft. ***The SSN request is specifically for your child.***

Parents and/or guardians are invited to "volunteer" to assist with the camp. As a volunteer, you will be asked to assist children with various activities, such as helping with rib building. If you are interested in being a volunteer, please check which days you are available.

__ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Applicants: You need to write an essay. You may write your essay on the attached form. Please make sure your essay is written in your hand writing. In addition, be sure to enclose a letter of reference from your school's guidance counselor. Without the letter of reference, we may not accept your application.

Send completed applications to: ACE Camp
Vermont Aviation Advisory Council (VAAC)
Roberta Haskin, Treasurer
2235 Airport Road
Barre, Vermont 05641

If you have any questions regarding the completion of this application, call Walter Striedieck 802-460-3686 or Roberta Haskin, VAAC, 802-223-4014.



YOUNG EAGLES ® REGISTRATION FORM

INSTRUCTIONS: Complete the upper portion of this form and give it to your volunteer pilot. Make sure the permission form is completed. **PILOT:** Complete the lower portion of this form and return it as soon as possible to the Young Eagles Office.

PLEASE PRINT (IN BLACK) LIKE THIS: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9
USE ONLY ONE BOX PER LETTER, SPACE OR PUNCTUATION.

YOUNG EAGLE REGISTRATION INFORMATION

NAME OF PARTICIPANT, (LAST, FIRST, MIDDLE INITIAL)

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (MONTH/DAY/YEAR)

*HAVE YOUR EVER PARTICIPATED IN A YOUNG EAGLES FLIGHT BEFORE? (YES/NO)

TELEPHONE

*NOTE: Prior participation does not prohibit additional flights, but program goals give priority to new participants. Registration and benefits will occur only once.

YOUNG EAGLE FLIGHT PARENT/GUARDIAN PERMISSION & RELEASE FORM

The Young Eagle Flight candidate named above wishes to participate in the EAA Young Eagles Program, which includes a demonstration flight. I certify that I am the child's legal guardian, and I give him/her permission to participate in this program. I also agree to voluntarily release, waive, and relinquish any and all claims I or my child may have against the Experimental Aircraft Association, Inc., the EAA Aviation Foundation, Inc. and all participants and sponsors for any and all claims which may result from participation in any part of this program. I further agree to hold harmless the aforementioned individuals and entities for any and all claims which may result from participation in any part of this program.

Parent/Guardian Signature

PILOT INFORMATION

YOUNG EAGLES PILOT

EAA NUMBER

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS

CITY

STATE

ZIP CODE

TYPE OF AIRCRAFT

DATE OF FLIGHT (MONTH/DAY/YEAR)

EAA CHAPTER OR AFFILIATE ORGANIZATION

TELEPHONE

FORM

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