Application for the Chief of Staff of the Air Force (CSAF) Flight Academy (FA) Scholarship

"Building better citizens for America's skies"

Who may apply?

1. 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

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)

4.Be endorsed by their Senior Aerospace Science Instructor (SASI) and Principal or High School Counselor

5.Obtain a standardized test score on the Aviation Qualification Test (AQT)

Instructions: Complete using the detailed instructions tab titled "**Application Instructions**". The application is a fillable Adobe PDF form and you must use a computer with Adobe Reader (or higher) installed in order to complete the application. You must "**Enable all Features**" by selecting the tab in the upper right in order to use form and see the boxes. The last page of the detailed instructions includes a screen shot of how to do this. The application cannot be printed and filled in by hand. Incorrect format, incomplete, or late applications will not be accepted.

Applicant Certification

- ☐ I certify that I meet all requirements listed under "Applicants must".
- ☐ I certify that I do not currently hold a private pilot's license.
- ☐ I understand that my application to participate is voluntary.
- ☐ I understand I am applying for a scholarship to attend a public/private institution.
- ☐ I understand that my conduct and health is not a liability of the United States Air Force.
- ☐ 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 physical and appropriate medical clearance.
- ☐ If selected, I agree to adhere to the expectations prescribed by the host university.
- ☐ I understand that participation and/or completion of this program does not obligate me to serve in the Active, Reserve or Guard components of the United States.

Student Verification

I have verified all of the above information and certify that it is true and accurate.

Signature: **Date**:

APPLICANT INFORMATION

***Denotes required field**

*Last Name *First Name Middle Initial

*Date of Birth *Gender *Race

*Home Address

*City *State *Zip Code

*Telephone *Email

*Name of School *AFJROTC Unit #

Last day of school Summer of 2018 First day of school Fall of 2018

General Experience

Are you currently employed? If so, please list your title:

Have you held a leadership position, other than AFJROTC, in your school or community in the last 24 months?

If so, please list your title:

Have you been part of a team, other than AFJROTC, in the past 24 months?

If so, please specify what kind of team:

Aviation Experience

1-19 hours ☐ 20+ hours ☐ Ground school complete/certificate 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 ☐

Student Verification

☐ I am a 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 university.

I have verified all of the above information and certify that it is true and accurate.

Signature: **Date**:

PARENT OR LEGAL GUARDIAN APPROVAL

*__Denotes required field__

*Last Name *First Name Middle Initial

*Home Address

*City *State *Zip Code

*Telephone Email

Parent or Legal Guardian Certification

☐ I certify that I approve of my student applying for and, if selected, attending a university aviation program.

☐ I understand that my student is only applying for a scholarship at a public/private university and is doing so voluntarily. The Air Force makes no guarantees regarding my student's possible selection, potential to attend and/or successful completion, nor does the Air Force make any other warranties.

☐ I understand that participation and/or completion does not obligate my student to serve in the Active, Reserve or Guard components of the United States.

☐ I understand the selection process is competitive and my student may not be selected.

***Parent/Legal Guardian Verification**

I have verified the information above and the answers provided by my student. I certify the information is true and accurate.

Signature: **Date:**

HIGH SCHOOL PRINCIPAL OR COUNSELOR RECOMMENDATION

***Denotes required field**

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

*Work Email

☐ For seniors only, I certify that this student has an of .

☐ I certify that this student has a CGPA of (on a 4.0 scale).

Student Assessment

Please share your candid opinion of the student in the following categories.

The student:	Disagree	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 solve problems	◯	◯	◯	◯
6. Demonstrates critical thinking	◯	◯	◯	◯
7. Consistently follows directions	◯	◯	◯	◯
8. Presents ideas clearly in spoken and written communication	◯	◯	◯	◯
9. Works well with others of a diverse background	◯	◯	◯	◯
10. Demonstrates an interest in aviation	◯	◯	◯	◯

I recommend this student.

Signature: Date:

SENIOR AEROSPACE SCIENCE INSTRUCTOR ENDORSEMENT

*** Denotes a required field**
An endorsement from an applicant's Senior Aerospace Science Instructor is required to be considered for the FA. Incomplete applications packages and those without the SASI's endorsement will be considered ineligible, and will not be reviewed and/or scored by the selection board.

*SASI Rank *SASI Last Name *SASI First Name

*AFJROTC Unit *Telephone *Work Email

Student Fitness Score

*Composite Score

***Student Assessment**

Please share your candid opinion of the student in the following categories.

The student:	Disagree	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 solve problems	◯	◯	◯	◯
6. Demonstrates critical thinking	◯	◯	◯	◯
7. Consistently follows directions	◯	◯	◯	◯
8. Presents ideas clearly in spoken and written communication	◯	◯	◯	◯
9. Works well with others of a diverse background	◯	◯	◯	◯
10. Demonstrates an interest in aviation	◯	◯	◯	◯

***SASI Verification**

I certify the student's standardized test score for the *AQT* is .

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 recommend this student.

Signature: **Date:**