



Summer Experience Application

APPLICANT INFORMATION (Please Print)

LAST NAME: _____ FIRST NAME: _____
BIRTH DATE: __/__/__ AGE: _____ MALE _____ FEMALE _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ GRADE: _____ SCHOOL: _____
EMAIL: _____

PARENT/GUARDIAN INFORMATION (Please Print)

LAST NAME: _____ FIRST NAMES: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
EMAIL: _____
EMERGENCY CONTACT AND PHONE # _____

**THIS APPLICATION MUST BE COMPLETE
OR IT WILL BE RETURNED**

This completed application form, transcript, AND a one to two page essay, written by the applicant must be received by the Aviation Education Foundation of Colorado, Inc, by Monday, May 3, 2010. Applicants must be within the age range, 15-19, on the first day of camp .

Please send to

Aviation Education Foundation of Colorado, Inc.
7505 Mallard Drive
Peyton, CO 80831

Submit Application with Essay

Summer Experience Application



Signatures

Applicant _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

**Signatures by applicant and parents and/or guardian are required.
ALL applications are subject to the selection process and
maximum capacities of the program.**

**Upon acceptance,
a packet of information including:
*Permission to Participate, Liability Waiver,
Release & Indemnification,
Health Form, Travel Form and
other pertinent information* will be sent to you.
Bring completed forms to the Orientation on June 15, 2010**

For more information contact Richard Martin, 719-683-6587.

Submit Application with Essay