

Aerospace Career Exploration ACADEMY

2025



Science, Technology, Engineering and Mathematics

STEM through the lens of Aviation

July 9-11, 2025

Contact:

NEOAF
PO BOX 991
Joseph, OR 97846
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541-400-0307

2025 ACE Academy

Hosted by the Northeast Oregon Aviation Foundation and its many wonderful partners, the *Aerospace Career Exploration (ACE) Academy* is a summer program designed to introduce teenagers to the myriad careers available in the aviation and space industries.

The 2025 ACE Academy will be held in Joseph Oregon. It engages participants through STEM-related experiential activities and field trips to facilities such as air traffic control towers, flight schools and aerospace businesses, college aviation programs, military aviation bases, and more. Other activities may include seminars on aerospace careers, as well as experiences with hands-on labs, drones, and possibly a flight in a small airplane.

ACE Academy is limited to those students entering the 7th grade through 12th grade.

Enrollment is limited to 12 students. Host families may be available for out-of-town participants who may need lodging during ACE Academy. Accommodations for those with special needs also may be possible with advanced notice.

Join us for a fun learning experience!

Application for ACE Academy- July 9-11, 2025

Name: _____

Preferred name for nametag: _____

Address: _____

Best email: _____

City: _____ State: _____

Best phone number: _____

Zip: _____

Have you ever flown in a small aircraft? ☐ Yes ☐ No

Gender: M / F T-Shirt Size (adult) _____

Birthdate: _____

Name of school: _____

Grade you will attend next year: _____

Parent/guardian: _____

Parent/guardian: _____

Best Phone #: _____

Best Phone #: _____

Email: _____

Email: _____

Emergency Contact: _____

Emergency Phone #: _____

Remarks: _____

Please complete the application and return no later than **June 9, 2025**.

STUDENTS:

- ☐ One-page essay: Why do you want to attend the ACE Academy? Please describe your aviation, science or other educational goals.
- ☐ One-page Letter of Recommendation from a teacher, who is not a family member.
- ☐ One-page Letter of Recommendation from someone other than a teacher or family member.

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THE FOLLOWING MUST BE COMPLETED TO BE CONSIDERED FOR THE ACE ACADEMY

RELEASE AND INDEMNITY AGREEMENT

The undersigned parent(s) or guardian(s) and participant(s) agree as follows:

- a) Permission for my teenage child to attend and participate in all ACE Academy activities, without restriction, is hereby granted. **I understand my child might receive an aircraft and/or balloon ride from a volunteer pilot who is not in the employment of the Division of Aeronautics or any other ACE Academy partner.**
- b) It is agreed, on behalf of me and my personal representative, assigns, heirs and next of kin to discharge and not sue the Northeast Oregon Aviation Foundation (NEOAF), Federal Aviation Administration and its divisions, and any of their officers, directors, agents, employees, and any paid or volunteer workers, organizers, facilitators, co-sponsors, partners or stakeholders the activity ("released parties") for any loss, damage or costs resulting directly or indirectly from the released parties' negligence, while the participant is involved in the ACE Academy.
- c) We agree to indemnify and hold harmless each of the released parties for any loss, damage, or costs they may incur, and for any liability that they may have to any other party, as a result of the participant's activities in the ACE Academy, including any loss, damage or costs resulting directly or indirectly from the released parties' negligence.

PERMISSION FOR MEDICAL TREATMENT

I believe my child is physically and mentally capable of participating in all aspects of the ACE Academy. It is my duty to consult a physician to get approval if my child had or now has an injury or illness that would limit or prohibit such activities. I hereby grant permission to take my child to any appropriate medical facility for emergency treatment.

Allergies/Medical Conditions: _____

CONSENT FOR PROMOTION

I/we hereby grant permission to photograph and/or interview participant for promotional purposes.

The undersigned hereby agree to follow the rules of conduct established for the ACE Academy. We have read this entire document and fully understand each term and condition set forth above.

Signature of participant: _____

Date: _____

Signature of parent/guardian: _____

Date: _____

Signature of parent/guardian: _____

Date: _____

Is applicant covered by health insurance? ☐ Yes ☐ No

Name of insurance company: _____ Policy #: _____ Group #: _____

Remarks: _____

Return completed application and required documents to your chosen location (see cover for address).