



Montana Department of Transportation
Aeronautics Division
Aviation Career Exploration (ACE) Academy

MDT Aeronautics Division
2630 Airport Road
P.O. Box 200507
Helena, MT 59620-0507
Ph: 406.444.2506
Fx: 406.444.2519

2018 ACE Academy

Hosted by the MDT Aeronautics Division

Clinic Date: Tuesday, June 26 - Wednesday, June 27, 2018

Clinic Location: Helena, MT

FOR OFFICE USE ONLY
ACC-LTR _____
CHECK # _____
ACCT # 528830
ORG: 403042

Attendee Information

Female Male

Name:
Address:
City:
State: Zip:

Preferred name for name tag:
Birthday:
In June of 2018, my age will be:
My Grade level will be:

Name of School:

Parent/Guardian:
Contact Phone#:
Work Phone#:
Email:

Parent/Guardian:
Contact Phone#:
Work Phone#:
Email:

Emergency Contact(s):

Do you live in Helena, MT? Yes No If yes, will you need a hotel room during the ACE? Yes No

Additional Comments:

Tuition is \$120.00 per student and includes meals, lodging, and all activities. Enrollment is limited to 12 students, so please apply early. A limited number of scholarships will be available and awarded based on the personal essays that are submitted. We'll notify you by mail if you're essay is selected for a scholarship and your original payment will be refunded.

Please mail in the following items with this completed application:

- 1) A one-page essay on why you want to attend the ACE Academy, including your aviation or other career goals.
- 2) A letter of recommendation from an instructor/teacher or pilot.

SCHOLARSHIP APPLICATIONS MUST BE POSTMARKED NO LATER THAN **MAY18, 2018**.
NON-SCHOLARSHIP APPLICATIONS MUST BE POSTMARKED NO LATER THAN **JUNE 1, 2018**.



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The following must be completed to be considered for the ACE Academy

The undersigned parents/guardians and participants agree as follows:

RELEASE OF LIABILITY

I, the undersigned, desire to voluntarily participate in the ACE Academy. I represent that I am knowledgeable of this activity and the risks of personal injury, death, damage to my property, or damage to myself and to others which may be associated with the activity. Notwithstanding these risks, I wish to assume them by voluntarily participating in the ACE Academy and in any travel associated with the ACE Academy.

I understand and agree that the State of Montana, MDT, Aeronautics Division accept no responsibility in the activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby do release, relieve, discharge and hold harmless the State of Montana, Montana Department of Transportation, and MDT's Aeronautics Division, their officers, directors, staff and representatives from any and all liability to me and my personal representatives, heirs, successors and next of kin, whether for personal injury, death, property damage, or otherwise, arising out of or in connection with participating in the ACE Academy and any travel associated with the ACE Academy.

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:

Is the applicant covered by health insurance? Yes No

Additional Comments:

CONSENT FOR PROMOTION

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.

Applicant Name

Signature

Date

Witness Name

Signature

Date

Parent/Guardian Name

Signature

Date

Return Completed Application, Essay & Letter to:
MDT Aeronautics Division
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