## Youth Initiative Mentoring Academies (YIMA)

### APPLICATION: YOUTH INITIATIVE AVIATION ACADEMY (YIAA)

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GENDER   Female   Male   BIRTHDATE: Month   Day   Year   Age    RACE/ETHNICITY: (check one)   Asian   African-American   Native American   Hispanic   White   Unknown    EDUCATION: Years complete (circle one)   Elementary   1   2   3   4   5   6   7   8   High School   9   10   11   12   Post High School   13   14   15   16   16-+   School currently attending:   Grade   What is your approximate overall grade average in: Mathematics   Reading   Science   Citizenship    HEALTH:   Do you have any current health concerns/problems which would negatively affect your ability to: A. Participate in the classroom portion of the Academy (e.g., eyesight, problems with sitting, standing, walking, hearing, speaking?)     Yes   No If yes, explain:     Yes   No If yes, explain:     Yes   No If yes, explain:     Other side if necessary)     REFERENCES: List the names of three (3) adults (other than relatives) who will write a letter of reference for you. Fill out the top portion of the attached letter, give each of them a copy and ask them to return the completed letter to the address on the letter.     Title/Occupation:     Title/Occupation:												
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B. Fly in an aircraft (e.g., asthma, motion sickness, fear of heights, etc.?)  Yes No If yes, explain:  No If yes, explain:  No If yes, explain:  REFERENCES: List the names of three (3) adults (other than relatives) who will write a letter of reference for you. Fill out the top portion of the attached letter, give each of them a copy and ask them to return the completed letter to the address on the letter.  Name:  Title/Occupation:  Title/Occupation:		-		_	-	-	_		ng heari	na sn	eaking?)	
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2, Do you use or have a history of using: Drugs Alcohol Marijuana Cocaine Amphetamines Other?  BRIEF AUTOBIOGRAPHY: Who are you? What are your strengths? What are your limitations? Why do you want to enroll in the YIAA program? (Use other side if necessary)  REFERENCES: List the names of three (3) adults (other than relatives) who will write a letter of reference for you. Fill out the top portion of the attached letter, give each of them a copy and ask them to return the completed letter to the address on the letter.  Name:			, ,	,								
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Name:Title/Occupation:												

# Youth Initiative Mentoring Academies (YIMA)

### REFERENCES: YOUTH INITIATIVE AVIATION ACADEMY (YIAA)

From:	Date:	
	Name of applicant	
То:	Name of reference	
Addroos:		
Address:		
Dear:		_:
Academy. W	to participate in the Youth Initiative Mentoring Academ ould you kindly complete this reference form, seal it in outh Initiative Mentoring Academies, PO Box 17093, S	the attached envelope and mail
Thank you.		
		Signature of applicant
	PLEASE WRITE REFERENCE COMMENTARY ON	THE FOLLOWING:
1. How lond		
$\mathbf{I} = \mathbf{H} \mathbf{\Omega} \mathbf{W} \cdot \mathbf{I} \mathbf{\Omega} \mathbf{R}$		
i. How long	g have you known the applicant?	
	capacity have you known the applicant?	
2. In what of the state of the	e some of the assets and limitations of the applicant whuccessful participation in a rigorous three-month aviation, mathematics and reasoning skills) while concurrent olled in the program) and an adult instructor?	nich might have an impact on on ground school training (apply-
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Continued: please complete reverse side

#### 4. PLEASE RATE THE APPLICANT IN THE FOLLOWING SEVEN (7) AREAS

(when compared with other young people in her/his age group)

	Poor	Fair	Average	Good	Excellent	Not observed
Cooperates; follows instructions/ directions given by adults in authority (instructor, mentor, etc.)						
Works, socializes cooperatively with peers, classmates						
Honesty, integrity						
Willing to try hard, even with difficult tasks or assignments						
Reading skills						
Arithmetic/mathematics skills						
Overall, how would you rate her/his likelihood of being successful in this aviation ground school/ mentoring program?						
5. Comments:						
Name					TURN THIS I	iative
Signature				Me	entoring Ac YIMA	<b>\</b>
Phone (day)					PO Box 17 St. Paul, MN	
Phone (evening)						

To:	Date:
From:	
I am applying to participate in the Youth Init Academy. Would you kindly complete this r	iative Mentoring Academies, Youth Initiative Aviation reference form, seal it in the attached envelope and mail emies, PO Box 17093, St. Paul, MN 55117. Thank you.
	Applicant's Signature
PLEASE WRITE REFERENCE	CE COMMENTARY ON THE FOLLOWING:
How long have you known the applicant?	
In what capacity?	
	ions of this applicant to participate in a rigorous 3-month oping interpersonal skills working with an adult mentor?
Any other comments	
Name	RETURN THIS FORM TO:
Address	wichtering Academics
City State _	1 0 B0x 17093
Phone (day)	St. Paul, MN 55117
Phone (evening)	