



DAEDALIAN FOUNDATION

BRIG GEN DAVID LEE "TEX" HILL AND

LT COL LESLIE "LES" LEAVOY

DAEDALIAN FLYING TRAINING

**APPLICATION
1 NOVEMBER 2017**

**DFT APPLICATION
PRIVACY STATEMENT**

AUTHORITY: 10 USC 2101

PRINCIPAL PURPOSE: To provide essential information on the applicant's academic, extracurricular and related experience solely for the use of Daedalian flights and the Daedalian Foundation in evaluating and selecting candidates in the Daedalian Flying Training program.

ROUTINE USE: Used only by Daedalian Flights, the Daedalian Foundation and flight selection boards to evaluate the applicant's suitability for participation in the Daedalian Flying Training program.

DISCLOSURE: Disclosure is voluntary on the part of the applicant. However, this application form must be completed to satisfy the eligibility criteria.

1. Personal Information:

Name				
Address				
Date of Birth		Place of Birth		
HomePhone		Cell Phone		
Parent/Guardian Name			Email 1	
Parent/Guardian Address			Email 2	
Parent/Guardian Phone		email		

Permanent Contact (someone who will always know how to contact you)

permanent		Relationship	
Address		Phone	

2. School Information: Check ☐ High School ☐ Jr. College ☐ College ☐ Other

Name of School		Grade Year		GPA	
SchoolAddress					
Instructor/Counselor				Phone	

AcademicAchievements(include dates

Extracurricular Activities (check those that apply)

☐

Scouting

☐

Civil Air Patrol

☐

JROTC

☐

Sports

☐

Other

Describe Other

Honor/Achievements (include dates)

3. **Aviation Experience.** Have you ever flown as a student pilot? ☐ Yes ☐ No

If Yes, Where? When?

Total Hours Flown

Soloed?

☐

Yes

☐

No

4. **Employment Experience** Are you currently employed? ☐ Yes ☐ No

If Yes, give place of employment, supervisor, job title and length of service

Please list any previous work experience: Employer, kind of work and dates

5. **Physical Standards**

Height

Weight

Visual Acuity

Have you ever taken an FAA Flight Physical? ☐ Yes ☐ No

If yes, give date and location and name of Dr.

Type Examination: **FAA Class** ☐ I ☐ II ☐ III

Restrictions?

date/place/results of non military exam

6. Provide in the space below a statement of not more than one hundred (100) words outlining your past experience(s) in aerospace activities and your **career objectives** in this field.

Statement of Career Objective

7. Provide in the space below a statement of your intentions and expectations regarding college, to include desired institution of higher learning, expected dates of entry and graduation, major field of study, degree to be pursued, and career objectives following graduation.

College

8. Use this space (and additional sheets if necessary) for continuation of any items on this application, or to supply additional information you consider appropriate to support your application.

Supplemental Information

9. **Photograph.** Please attach a good recent photograph of the applicant to this application, at least 3" X 5", suitable for use in publicity material supporting the Daedalian Foundation's flying training program. Signature of the applicant and/or Parent/Guardian in the certification section of this application below constitutes permission to use this photograph, and any other official photography taken during the course of the training program, to support publicity programs of the Daedalian Foundation and the Order of Daedalians.

10. **Transcript.** A copy of your transcript showing the courses/grades completed in the most recent term.

11. **Certification.** I hereby certify that the information submitted above is correct and complete to the best of my knowledge and belief.

(Applicant's Signature or insert digital signature)

(Date)

I hereby certify that the information submitted above is correct and complete to the best of my knowledge and belief, and furthermore, that I fully support and endorse the applicant's participation in the Daedalian Flying Training program.

(Parent or Guardian Signature or insert digital signature)

(Date)

Note: Certification by parent or guardian is not required if the applicant is age 18 or older.

DAEDALIAN FLYING TRAINING

ACKNOWLEDGMENT OF RISK

I, _____, the applicant, and (if applicant is a minor) I,

_____, the parent or person with legal authority over the above named minor applicant, hereby acknowledges that there are inherent risks to life and health associated with the activities involved in learning to fly an aircraft. Accordingly, I/we hereby acknowledge the following:

That the decision to pursue these flight training activities is solely the initiative of the above-named applicant and is fully supported and endorsed by the above-named person with legal responsibility for the health and welfare of the applicant.

That the participation of the Order of Daedalians and the Daedalian Foundation (The Daedalians) is limited solely to providing financial assistance through this scholarship program, with no other role or responsibility in the actual conduct of the formal flight training activities.

That the designated, FAA-certified Fixed Base Operator (FBO) will make all training decisions regarding safety of flight, satisfactory progress in both ground and airborne instruction, and overall suitability for selected participants to continue in the program through completion.

That the applicant (if 18 years or older) or the applicant and the person with legal authority over the applicant (if a minor) signify with signature(s) below that the applicant voluntarily assumes all risk to life and health associated with participation in this program, recognizing the sole obligation of the Daedalians to be the provision of funding to support the flying portion of the program.

(Applicant's Signature)

(Date)

(Signature of Parent/Guardian if applicant is a minor)

(Date)

MEMORANDUM OF UNDERSTANDING AND QUESTIONNAIRE

6. The Daedalian Flying Training program (DFT) is a challenging, concentrated instructional curriculum whose sole objective is to encourage selected candidates to pursue a career as military aviators in the armed forces of the United States. The program consists of closely supervised individual and group study activities in preparation for airborne instructional sorties leading to a successful solo flight in an appropriate general aviation aircraft.

7. By signing this Memorandum of Understanding, I (we) fully acknowledge and embrace without reservation all the essential elements of success outlined below. If I, the applicant, am selected for enrollment and participation in DFT, I hereby pledge that I will apply my most conscientious efforts toward mastering all of the academic material presented during the ground training phase of the program. Furthermore, I will be present and fully prepared for each airborne training sortie, and will exploit this opportunity to the fullest extent to allow my flight instructor to make me the safest and most competent aircraft pilot possible. On my solo flight, my life may well depend on how well and how much I learn from my instructor.

8. Essential Elements of Success. Be mentally and physically ready for every training activity. Get plenty of sleep, eat nourishing meals at regular times, and minimize your risk of any disabling injuries. Complete all ground training exercises thoroughly and conscientiously ask appropriate questions during classroom instruction to solidify your understanding of the concepts and procedures under study. Be on time for every scheduled training activity. Arrange your personal schedule to eliminate conflicts with the schedule. Make the flying training a top priority in your life until you solo.

(Applicant's Signature)

(Date)

DFT CANDIDATE BACKGROUND QUESTIONNAIRE

	Yes	No
1. Have you ever had Lasik or radial keratotomy surgery?	☐	☐
2. Have you been prescribed performance enhancing drugs such as Ritalin or Adderall?	☐	☐
3. Have you been prescribed any medication for psychiatric illness?	☐	☐
4. Do you have any history of seizures (except febrile seizures before age 24 mos)?	☐	☐
5. Have you been prescribed any medications for a chronic illness (except nasal steroid sprays, clomolyn sodium spray, topical skin creams)	☐	☐
6. Have you had any orthopedic surgeries?	☐	☐
7. Have you lost consciousness due to an injury?	☐	☐
8. Have you ever been diagnosed with asthma, reactive airway disease or chronic bronchitis	☐	☐
9. Do you have color vision deficiencies?	☐	☐
10. Have you ever used an illegal drug?	☐	☐
11. Have you ever been convicted of a felony?	☐	☐
12. Are you a citizen of the United States of America?	☐	☐

I/we certify to the truthfulness of the above answers:

(Signature of Applicant)

(Date)

(Signature of Parent/Guardian if applicant a minor)

(Date)

DAEDALIAN PHYSICAL STANDARDS ADDENDUM

I understand that I will be required to apply for an FAA student pilot certificate and meet the physical requirements of an FAA Class III airman medical certificate. The Daedalian flight project officer will assist in making the necessary arrangements for these certifications.

DFT Candidate's Signature

Date

DAEDALIAN FLYING TRAINING APPLICATION CHECKLIST

Completed Application

Current Transcript - Can be mailed from the school

Recent Photograph

Letter of Recommendation - prefer JROTC or Math Instructor