

Youth Initiative Mentoring Academies (YIMA)



APPLICATION: YOUTH INITIATIVE AVIATION ACADEMY (YIAA)

Date: _____

Name _____ *If under 18,*
 (Last) (First) (Middle) Parent/Guardian Name _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone (day) _____ Phone (day) _____
 Phone (evening) _____ Phone (evening) _____

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:

1. 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: _____

- B. Fly in an aircraft (e.g., asthma, motion sickness, fear of heights, etc.?)
 Yes No If yes, explain: _____

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: _____ Title/Occupation: _____
 Name: _____ Title/Occupation: _____
 Name: _____ Title/Occupation: _____

From: _____ Date: _____
Name of applicant

To: _____
Name of reference

Address: _____

Dear: _____:

I am applying to participate in the Youth Initiative Mentoring Academies, Youth Initiative Aviation Academy. Would you kindly complete this reference form, seal it in the attached envelope and mail it directly to Youth Initiative Mentoring Academies, c/o Free At Last Church of God in Christ, 200 West 7th St., St. Paul, MN 55101.

Thank you.

Signature of applicant

PLEASE WRITE REFERENCE COMMENTARY ON THE FOLLOWING:

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. What are some of the assets and limitations of the applicant which might have an impact on her/his successful participation in a rigorous three-month aviation ground school training (apply-

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 _____

Signature _____

Phone (day) _____

Phone (evening) _____

RETURN THIS FORM TO:
Youth Initiative
Mentoring Academies
HOME SITE
 Ms Mamie Singleton
 PO Box 17093
 St. Paul, MN 55101

To: _____ Date: _____

From: _____

I am applying to participate in the Youth Initiative Mentoring Academies, Youth Initiative Aviation Academy. Would you kindly complete this reference form, seal it in the attached envelope and mail it directly to Youth Initiative Mentoring Academies, 431 West Arlington Avenue, St. Paul, MN 55117. Thank you.

Applicant's Signature

PLEASE WRITE REFERENCE COMMENTARY ON THE FOLLOWING:

How long have you known the applicant? _____

In what capacity? _____

What do you feel are the assets and limitations of this applicant to participate in a rigorous 3-month aviation ground school training, while developing interpersonal skills working with an adult mentor?

Any other comments _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____

Phone (evening) _____

<p>RETURN THIS FORM TO: Youth Initiative Mentoring Academies PO Box 17093 St. Paul, MN 55117</p> <p>HOME SITE Ms Mamie Singleton PO Box 17093 St. Paul, MN 55101</p>
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