

**CFIP CADET 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 cadet participants in the Daedalian Foundation Cadet Flight Indoctrination Program.

ROUTINE USE: Used only by Daedalian Flights, the Daedalian Foundation and the Daedalian CFIP Selection Board to evaluate the applicant's suitability for participation in the Daedalian Foundation Cadet Flight Indoctrination 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 _____
(Last) (First) (Middle)

Permanent Address _____
(Number & Street) (City) (State & Zip)

Date of Birth: _____ Place of Birth: _____
(Mo - Day - Year) (City & State)

Home Phone: (____) _____

Name of Parent/Guardian: _____

Address (if different from above) _____
(Number & Street) (City) (State & Zip)

Phone (if different from above) (____) _____

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

Name: _____ Relationship: _____

Address: _____ Phone (____) _____
(Number & Street) (City) (State & Zip)

2. School Information: Check one: High School [] Jr. College [] College [] Other []

Name of School _____ Grade/Year _____ GPA _____

School Address _____

Instructor/Counselor _____ Phone (____) _____
(Rank) (Name)

Academic achievement and recognition:

Honor/Achievement

Inclusive Dates

1 Jan 2008

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Extracurricular Activities (check those that apply)

Scouting [] Civil Air Patrol [] JROTC [] Sports [] Other []
Honor/Achievement Inclusive Dates

3. Aviation Experience. Have you ever flown as a student pilot? Yes [] No []

If yes, where? _____

When? _____ Total hours flown: _____ Soloed? Yes [] No []

Aviation test Results _____ (If taken, Flight will provide.)

4. Employment Experience Are you currently employed? Yes [] No []

If Yes, Place of Employment _____ Supervisor _____

Job Title _____ Work Phone (_____) _____

How long have you been employed here? _____

What are your employment hours? _____

Please list any previous employment experience below:

<u>Employer</u>	<u>Nature of Work</u>	<u>Inclusive Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Physical Standards Height _____ Weight _____ Visual Acuity 20/_____

(ft) (in) (lbs)

Have you ever taken an FAA Flight Physical? Yes [] No []

If Yes, where? _____ Date _____

(Mo - Day - Yr)

Name of Examining Physician: Dr. _____

Type Examination: **FAA Class** I [] II [] III [] Restrictions:

Doctor's Address: _____

Phone: (_____) _____

If No, when was your last physical examination? _____

(Day - Mo - Yr)

Where? _____ Results _____

6. Statement of Career Objective. 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.

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

(Applicant's 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 Foundation Flight Indoctrination Program.

(Parent or Guardian Signature)

(Date)

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

**DAEDALIAN FOUNDATION
CADET FLIGHT INDOCTRINATION PROGRAM**

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 pilot an aircraft.

Accordingly, I/we hereby acknowledge the following:

- a. 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.

- b. 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.

- c. 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.

- d. 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.

(Signature of Applicant)

(Date)

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

(Date)

CADET MEMORANDUM OF UNDERSTANDING AND QUESTIONNAIRE

1. The Daedalian Foundation Cadet Flight Indoctrination Program (CFIP) is a challenging, concentrated instructional curriculum whose sole objective is to encourage selected JROTC cadets 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.

2. 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 the Daedalian Foundation CFIP, 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.

3. Essential Elements of Success.

- a. 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.
- b. Complete all ground training exercises thoroughly and conscientiously.
- c. Ask appropriate questions during classroom instruction to **solidify your understanding** of the concepts and procedures under study.
- d. Be **punctual** for every scheduled training activity.
- e. Arrange your personal schedule to **eliminate conflicts** with the CFIP schedule. Make the CFIP **priority one** in your life until you solo.

(Signature of Applicant)

(Date)

DAEDALIAN CFIP BACKGROUND QUESTIONNAIRE

- | | Y | N |
|---|---|---|
| 1. Have you ever had lasik radial keratotomy (eye surgery)? | — | — |
| 2. Have you recently taken Ritalin or other performance-enhancing medication?
If so, when? _____ | — | — |
| 3. Have you ever taken medication for psychiatric illness? | — | — |
| 4. Do you have any history of seizures (except febrile seizures before age 24 months)? | — | — |
| 5. Do you have a history of chronic prescribed medications? (Topical nasal steroid, clomolyn sodium spray and topical skin creams excepted) | — | — |
| 6. Do you require any surgical orthopedic hardware? | — | — |
| 7. Have you ever lost consciousness due to injury? | — | — |
| 8. Have you ever been diagnosed with asthma, reactive airway disease or chronic bronchitis? | — | — |
| 9. Have you ever used non-prescribed or illegal drugs? | — | — |
| 10. Have you ever been convicted of a felony? | — | — |

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

(Signature of Applicant)

(Date)

(Signature of Parent/Guardian)

(Date)

DAEDALIAN CFIP PHYSICAL STANDARDS ADDENDUM

The following are the minimum physical requirements which need to be certified by the attending physician.

1. Class III FAA physical w/o special issuance or restrictions (except corrective lenses).
 2. Uncorrected vision of at least 20/50, correctable to 20/20.
 3. No color vision deficiencies.
 4. Standing height not less than 64" but no more than 77".
1. Sitting height not less than 34" but no more than 40".

I have examined the applicant, _____, and find that he/she does/does not meet the above physical criteria.

Aeronautical Medical Examiner

Cert #

Date

Draft CFIP Cadet Critique Letter

Dear Cadet,

Now that this year's Daedalian Cadet Flight Indoctrination Program (CFIP) has drawn to a close, we are reviewing the entire operation in search of areas where we can make next year's program even better. Since you were at the focal point of this year's CFIP, we are very interested in your impressions.

I'm asking you to take a few moments in the next few days to gather your thoughts and overall impressions of the program. Please let us know if the CFIP as you experienced it is on that track, and what (if any) changes you think would enhance the program.

It would be of great assistance to the Daedalians if you would comment (at least) on the following four areas:

- a. The overall impact of the CFIP experience on your feelings about aviation in general.
- b. Any program inefficiencies or obstacles that you had to overcome which you feel should be addressed for future participants.
- c. The most positive experiences you encountered while participating in the program.
- d. The degree to which the CFIP experience influenced your attitudes, feelings and intentions regarding a career as an aviator in the armed forces of the United States.

I know you have quite a lot on your plate. However, with your help, we can fine tune this program and continue making it available for many of your schoolmates in the years to come. The enclosed envelope is for your use in returning your "end of program critique." Thanks for your contributions, and once again, congratulations to you for accepting the challenge and for doing what only a tiny percentage of your contemporaries have ever done. You've proven you have the *right stuff!*

Sincerely,

Daedalian CFIP Project Officer

1 Jan 2008

Attachment H-II
