The Organization of Black Airline Pilots

Atlanta ACE Camp
Sponsored by
Delta Air Lines

14-18 July 2008
&
21-25 July 2008

(Application Deadline: Monday June 2, 2008)
**OBAP Atlanta ACE Camp**

This summer the Organization of Black Airline Pilots (OBAP) will hold 2 Aviation Career Education Camps sponsored by Delta Air Lines.

The purpose of each one-week program is to introduce interested youth to the world of aviation by exposing them to the many challenging careers and opportunities which the aviation industry has to offer.

During this time you will receive instruction from volunteer aviation professionals and other members of the aviation and education communities.

As a member of an ACE Camp you will:
- Fly to another city aboard the Delta Dream Flight
- Take an orientation flight in a Cessna aircraft
- Receive basic aviation education
- Take field trips to different aviation related facilities
- Be introduced to aviation history
- Fly a full-motion flight simulator
- Learn the qualities of leadership
- Associate and work with other youth
- Meet professionals from the aviation community

**Admission Requirements**

Admission is offered to boys and girls from 14 to 18 years old who have an interest in learning about aviation. Applicants are competitively ranked based on age, cumulative GPA, and essay.

Students must be physically capable of participating in camp activities.

High standards of behavior and self-discipline are expected and students must abide by all camp regulations.

**Application Process**

The application deadline is: **Monday June 2, 2008**

**The requirements are:**
1. Submit a completed and signed ACE Camp application
2. Write and submit an essay of **one page** expressing your interest in aviation. You may include your hobbies, civic involvement, and extra-curricular activities
3. Submit a copy of your official school transcript or report card indicating your cumulative GPA (no need for original)
4. Submit a copy of your birth certificate (no need for original)

**Methods to apply:**
1. On-line at www.acecamps.org
2. Print and complete the on-line application or the application form in this brochure and mail to the following address;

**2008 Atlanta OBAP ACE Camp**
P.O. Box 310422
Ben Hill Station
Atlanta, GA 31131

OBAP will acknowledge receipt of all applications within 14 days. If that does not occur, contact First Officer Michael Gaillard at michael.s.gaillard@delta.com.

Cost: None!! Students will need money only if they intend to purchase personal items.

**Dates/Times/Location of Ace Camp:**
Camp 1:  14-18 July 2008
Camp 2:  21-25 July 2008
Time: Monday – Friday, 8:00am to 5:00pm
Location: The Delta Training Center, Delta Air Lines World Headquarters, Atlanta, GA

Additional information about the OBAP ACE Camps is available at: www.acecamps.org or www.obap.org
OBAP Atlanta ACE Camp
Application

(Please print or type)
I hereby make application to register my son/daughter/ward, __________________________ in the Atlanta ACE Camp, subject to terms and conditions set forth in your current brochure; and hereinafter mentioned; and subject to the rules and regulations of the OBAP Atlanta ACE Camp. If my child is accepted, it is understood and agreed that this application constitutes the sole agreement between OBAP Atlanta ACE Camp, Delta Air Lines, and the undersigned, and there are no conditions or provisions other than herein noted.

Parents or Guardians are required to attend the orientation session on the first day of camp to complete the enrollment process.

I understand that camp 1 attendees will need to return Wednesday, July 23rd for “The Delta Dream Flight” and Friday July 25th for graduation.

(Note: Out-of-town applicants should consider applying for Camp 2 specifically in order to attend the “Dream Flight” and graduation.)

Please Specify Camp 1 or Camp 2 preference, if any:___________________

If you’ve previously attended an Atlanta ACE Camp and you’re interested in being a Peer Counselor, please indicate here: _______________
(Normal application procedures apply)

Please indicate your High School of attendance: _______________________

Signature of Parent or Guardian

Date: _________________________

OBAP Atlanta ACE Camp
Application

(Please print or type)

Date: _________________________

Name of Applicant: __________________________

Address: __________________________________________

City: __________________________ State _____ Zip Code ____________

Telephone: (____) ________________________

Emergency Telephone (___) ______________________

Name of Parent (Guardian): __________________________

Your contact e-mail address (Please Print Legibly!!)

__________________________________________________________

Requested T-Shirt Size S – M – L – XL – XXL (Circle)

General state of Applicant’s health: __________________________

Please tell us how you heard about the OBAP ACE Camp.

Does the Applicant possess any physical conditions requiring special attention, treatment or medication that would make it difficult for him/her to participate in program activities? If yes, explain._____________________________________________________

________________________________________________________

________________________________________________________

Name of Medical Insurance Co.: __________________________

Policy No. _________________ D.O.B _________________ AGE ______

PLEASE DON’T FORGET:
→ The essay
→ Your transcript / report card
→ Your birth certificate