

Double Eagle Aviation Academy



June 1 – 5, 2026

2026 APPLICATION

Applications must be received by May 8, 2026

Part I: Student Information:

Name (Please Print): _____ Date of Birth: _____

Grade Level Fall 2026: _____ Current GPA: _____ School in Fall 2026: _____

Male ____ Female ____ Student's shirt size (adult sizes): S ____ M ____ L ____ XL ____ 2XL ____

Have you attended a similar program before? No ____ Yes ____ If yes, explain _____

How did you learn about the Double Eagle Aviation Academy? _____

List community activities, hobbies and interests: _____

Part II: Aviation Interest – IMPORTANT! *Class size is limited. Be thoughtful in your response.*

A. Please describe in your own words, “Why would you like to attend the Double Eagle Aviation Academy (DEAA)? What would you hope to gain from it?” Feel free to attach a separate page.

B. List any experience or achievements with aviation to date. Attach a separate page as needed.

Part III: Parent or guardian must complete this section. Important – this part of the application *MUST* be completed and signed for consideration for admission to the Double Eagle Aviation Academy.

Parent / Guardian Information

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email (required): _____

Primary Phone Contact: _____ Alternate Phone: _____

Alternate Emergency Contact: Name: _____

Relationship to student: _____ Phone: _____

Student’s Medical History: Does the student have any health concerns/allergies/medications that we need to be aware of? Yes _____ No _____ If yes, please explain: _____

Does the student have any dietary needs / food allergies that we need to be aware of?

Yes _____ No _____ If yes, please explain: _____

WAIVER: The undersigned ("Participant") hereby acknowledges that he/she has voluntarily chosen to participate in DEAA. Participant acknowledges and understands that DEAA will involve activities that could potentially be dangerous or harmful. Participant has chosen to participate voluntarily, with the full knowledge of this potential danger and harm. By signing this document, Participant represents and warrants that he/she does not have any physical condition which could be aggravated or worsened by activity or stress. *Further, I authorize EAA Chapter 179 to use photos and or other likenesses of my child for promotional purposes but not for sale to other parties. Images bearing these likenesses may be used for promotional materials and posted on the chapter website or Facebook page.* In consideration of participation in this camp, Participant waives all claims, demands, actions, causes of action, and liabilities of any kind or nature, whether based in law or in equity, against the organizers, the volunteers, including EAA Chapter 179 and affiliates (“Affiliated Organizations”) arising out of or in any way related to DEAA or Participant's participation in the DEAA event. Participant releases EAA Chapter 179 and Affiliated Organizations from such Claims, regardless of when such Claims arise or when Participant discovers any injury or damage that does or may give rise to such Claims.

Given the above, I hereby give consent for my child to participate fully in the 2026 DEAA.

Parent/ Guardian

Signature: _____

Print Name

Signature (print and sign)

Date

NOTE: Applications may be scanned and sent via email to deaa@eaa179.org OR by US mail to **EAA179, Attn: DEAA; EAA Chapter 179; 7401 Atrisco Vista Blvd NW #179; Albuquerque, NM 87120.**

Applicants will be notified via email by May 8, 2026. Tuition (\$225) is not due until accepted but must be received by May 21, 2026. Limited need-based scholarships are available on request. For information, visit www.eaa179.org/deaa, or email deaa@eaa179.org