



# Randolph-Macon Academy

*Supplemental Application Form - High Flight Program*  
*Preparing for a Military Service Academy Appointment*

**Applicant Name:** \_\_\_\_\_

**Grade Apply:** \_\_\_\_\_

Please answer the following questions for the supplemental application to the High Flight Academy Program.

**1. Describe your strengths:**

**Academically:** \_\_\_\_\_  
\_\_\_\_\_

**Generally:** \_\_\_\_\_  
\_\_\_\_\_

**2. Describe any challenges:**

**Academically:** \_\_\_\_\_  
\_\_\_\_\_

**Generally:** \_\_\_\_\_  
\_\_\_\_\_

**3. At R-MA, would you participate in:**

<b>Athletics</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Flight Program</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cadre Leadership Camp</b> <i>(late Summer junior and senior year)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College Courses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>AP/Honors Courses</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>High Flight PT Program</b> <i>(in addition to varsity athletics)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain all "No" responses: \_\_\_\_\_

**4. Do you have any known physical limitation that would disqualify you from active military service?**     Yes     No

If yes, please explain:  
\_\_\_\_\_

**5. What are your goals:**

**In high school?** \_\_\_\_\_

**In college?** \_\_\_\_\_

**For a career?** \_\_\_\_\_

**In life?** \_\_\_\_\_

**6. Which Military Service Academy do you want to attend?** \_\_\_\_\_

**7. What would you most like to gain from your experience in the High Flight Program?** \_\_\_\_\_  
\_\_\_\_\_

To be admitted to one of the Military Service Academies and this specialized track, you must pass a stringent physical/medical examination. R-MA does not guarantee admission to this track. Failure to meet academic/discipline standards, assigned deadlines, scheduled fitness training and AFJROTC standards may result in a review board meeting assessing the individual's fitness to remain in the program.

**8. Please list any current medications that you are taking:**

**Name of Medication(s)** \_\_\_\_\_                      **Current Dosage** \_\_\_\_\_

I hereby acknowledge and represent that the information in this application is true, correct, and complete to the best of my knowledge, and I further understand that a material omission or false information may constitute grounds for dismissal from Randolph-Macon Academy. I also understand if the student's GPA fall below a 3.75 the stipend is lost.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_