

# The Lloyd Christopher Skeen Memorial - 2025 Summer Aviation Camp

## APPLICATION FORM

### A. CAMP INFORMATION

**Date of Camp:** July 07 – July 18, 2025 (10 days)

**Timing:** 9.30 am – 3.30 pm (in-classroom days); Specific details for field trip days will be provided on the first day of the Camp.

**Venue:**

**EDGE Meeting Centre**

**Sheridan College – Davis Campus**

**7899 McLaughlin Rd, Brampton, ON L6Y 5H9**

**H-Wing, Room H153**

**Parking:** Visitor paid parking is available in Lots 5, and 6 at the Davis Campus (Payment only through Sheridan App)

**Facilitators:** Urban Pilots Network

**Eligibility:** 12 to 18 years

**Camp curriculum:** Classroom lessons in Aviation, Workshops, Flight Simulation practice, Field trips, flying tour onboard an airplane (subject to weather and other conditions), introduction to Aviation Careers, Graduation Ceremony, and Q & A Sessions.

**Camp Fee:** ~~\$1350~~ (all selected students will receive a 100% fee waiver)

**Registration Fee:** \$400 (non-refundable)

**Method of Payment:** e-transfer to [info@thedreamneverdies.org](mailto:info@thedreamneverdies.org) Password **Camp2025** or via certified check mailed to The Dream Never Dies Foundation, 191 Vodden St. West, Brampton, ON L6X 2W8

**# of Spots:** 30 students

**Selection Criteria:** Application Form, Essay, and Financial need

**Last date to submit this Form:** Monday, Jun 10, 2025

**Announcement of selected students:** Monday, June 17, 2025

**Last date to Register with Registration Fee:** Tuesday, June 18, 2025

**Note:** All selected students attending the Camp will receive rental laptops, a free T-Shirt, a free stationery kit, free lunch every day, free transportation for field trips, a free flying tour (subject to weather and other conditions), and a completion certificate.

**B. PERSONAL INFORMATION**

Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Contact email and telephone Number: \_\_\_\_\_

Combined Family Income (*please circle one*):

Under \$49,999

\$50,000 - \$74,999

\$75,000 - \$99,999

\$100,000 - \$149,999

\$150,000 and above

Are you willing to take the free lunch provided by the DPDF: YES / NO

*(Please circle one. If 'NO' is selected, the applicant shall be responsible for his/her own lunch)*

Food Preference (*please circle one or more*): Vegan / Vegetarian / Fish / Chicken / Red Meat / No restrictions / Others \_\_\_\_\_ (*please specify*)

Food Allergies: \_\_\_\_\_ None\_\_\_ (*please specify*)

Are you willing and able to participate in offsite field trips: YES / NO (*please circle one*)

Are you willing and able to participate in a flying tour: YES / NO (*please circle one*)

**T-Shirt Size** – Adult Small/ Medium/ Large/ X-Large/ Other (*please specify*) \_\_\_\_\_  
(*please circle one*)

**Are you BIPOC:** Black Peoples, Indigenous Peoples, People(s) of Color \_\_\_\_\_  
Other \_\_\_\_\_

(please circle one)

**C. ESSAY**

Why do you want to participate in The DNDF's Aviation Camp? (500 words or less) (please feel free to use a separate sheet of paper)

**D. ACKNOWLEDGEMENT**

In case of emergency, please specify the Name of the Person with contact Information:

Name: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Contact Information: \_\_\_\_\_

*I agree to all the Terms and Conditions specified above and to the selection process. If selected, I will complete a Waiver Form at the time of Registration to take the free lunch provided by the DNDF (as per my Food Preference and allergies specified above), to attend classroom lessons, to travel in the DNDF provided transportation for field trips, to attend field trips and to participate in a flying tour (subject to weather and other conditions). I am over 18 years of age.*

Signature: \_\_\_\_\_ (if under 18 years to be signed by parent/guardian)

Name of the Signatory: \_\_\_\_\_

Date:

Place:

Please return completed Application Forms **on or before Monday, Jun 9, 2025** to:  
info@thedreamneverdies.org