



**APPLICATION FOR MEMPHIS CHAPTER, TUSKEGEE AIRMEN INC. (MCTAI)  
2020 AVIATION EDUCATION ASSISTANCE FUND (To be submitted by April 30, 2020)**

\*\*\* AVIATION ASSISTANCE \*\*\*

**PART I (To be completed by all Aviation Educational Assistance Fund Applicants)**

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Name of High School: \_\_\_\_\_ Grad. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 High School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 SAT or ACT Scores: \_\_\_\_\_ High School GPA: \_\_\_\_\_ College G.P.A.: \_\_\_\_\_  
 Name of Institution where training will be accomplished: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Type of Training: \_\_\_\_\_ Career Objective: \_\_\_\_\_  
 Currently Enrolled: \_\_\_\_ Yes \_\_\_\_ No (If No) Have you been accepted by the above Institution \_\_\_\_ Yes \_\_\_\_ No  
 List Extra Curricular Activities in High School or College: \_\_\_\_\_  
 Permission granted to send copies of this application to other agencies having tuition assistance programs? \_\_\_\_ Yes \_\_\_\_ No  
 Will you be receiving any other grants, scholarships, Veterans Administration Benefits or tuition refund? \_\_\_\_ Yes \_\_\_\_ No  
 (If yes to the above) Type of Funding: \_\_\_\_\_ Name of Funding Institution: \_\_\_\_\_ Benefit Amount: \$ \_\_\_\_\_  
 Are you currently employed: \_\_\_\_ Yes \_\_\_\_ No (If Yes) Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Part Time \_\_\_\_ Full Time  
 Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Part II (To be completed by Aircraft Maintenance Education Assistance Fund Applicants)**

If you have already enrolled, list courses to be covered by this Education Assistance Fund:

<u>Title of Courses</u>	<u>Official Start Date of Class</u>	<u>Official End Date of Class</u>	<u>Cost of Tuition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This training is leading to (Check One): \_\_\_\_ F.A.A. A&P Certificate \_\_\_\_ FAA Powerplant Certificate \_\_\_\_ FAA Airframe Certificate  
 \_\_\_\_ Other, Please Specify: \_\_\_\_\_ FAA 147 School: \_\_\_\_ Yes \_\_\_\_ No Currently Enrolled: \_\_\_\_ Yes \_\_\_\_ No

**Part III (To be completed by Pilot Education Assistance Fund Applicants)**

Do you currently hold at least a F.A.A. Private Pilot Certificate: \_\_\_\_ Yes \_\_\_\_ No (If Yes) Certificate #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
 Do you currently hold a current F.A.A. Medical Certificate: \_\_\_\_ Yes \_\_\_\_ No (If Yes) Class: \_\_\_\_\_ Date of Medical Certificate: \_\_\_\_\_  
 What F.A.A. rating will you use this Educational Assistance Fund toward: \_\_\_\_\_ Date of your last lesson: \_\_\_\_\_  
 Name of Institution where this training will be accomplished: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Current Total Flight Time: \_\_\_\_\_  
 Is this a F.A.A. 141 School? \_\_\_\_ Yes \_\_\_\_ No Aircraft cost per hour: \$ \_\_\_\_\_ Instructor cost per hour: \$ \_\_\_\_\_  
 Flight Instructor Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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**Part IV (To be read and completed by all Aviation Educational Assistance Fund Applicants)**

I certify that the information provided on this application and all required documentation provided is complete and accurate. By application or submission of this form, I consent to the release of all school/college/instruction records that may be needed by Memphis Chapter Tuskegee Airmen Inc. (MCTAI) to verify my attendance and completion of courses at the institution named or confirm any other information in this application packet. MCTAI reserves the right to verify all information given. **I understand that falsification or deletion of information on this application form or any required documentation throughout the application or funding process, will be grounds for the rejection and or withdrawal of assistance funding by MCTAI**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be returned by April 30, 2020.

**Part V (To be completed by Applicant's Parent(s) or Guardian)**

Note: Applicants who are not listed as a dependent on an IRS Form 1040, must also complete Part V.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

Name of Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Part Time \_\_\_\_ Full Time

Number of family members residing in your household: \_\_\_\_\_ Number of dependents (other than applicant) currently attending college: \_\_\_\_\_

Total Family Income Per Year (wages, salaries, tips, business income, rents, annuities, pensions, interest, etc.): \$ \_\_\_\_\_

**Note: A copy of your most recent IRS Form 1040 filed with the IRS must be submitted with this application. SSN should be blacked out.**

I certify that the above information is true and correct: Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application Packet Shall Include:**

- \_\_\_\_ Completed Application Form (Part I through Part V)
- \_\_\_\_ Typed (2) page essay on white 8.5" x 11" paper, double-spaced (10 or 12 font) giving a brief biographical sketch, educational and career goals and financial needs.
- \_\_\_\_ Official Copy of High School or College transcript
- \_\_\_\_ Copy of at least a Private Pilot Certificate (Pilot Applicants Only)
- \_\_\_\_ Copy of current Second Class Airman Medical Certificate (Pilot Applicants Only)
- \_\_\_\_ Copy of the Parent(s) Guardian or (if applicable) Applicant's last filed IRS Form 1040

Application packets must be mailed along with all required documentation by April 30, 2020 to the address below:

**Memphis Chapter of Tuskegee Airmen, Inc.  
Aviation Education Assistance Fund  
P.O. Box 381886  
Germantown, TN 38183-1886**

**Part VI (To be completed by MCTAI)**

By the execution of the proper signatures below, the named applicant on this form has been awarded a \$1000.00 Aviation Education Assistance Fund from MCTAI (on a refund basis), for the institution named in this application. Successful completion of the listed courses on this application with a grade of "C" or greater from the named institution is required prior to any funds being disbursed. MCTAI reserves the right to verify any information associated with this funding process prior to disbursing funds. Once all required information is verified by MCTAI, checks will be made out in the name of the applicant and the institution and mailed to the applicant.

MCTAI Ed. Com. Chairman: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

MCTAI President: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_