APPLICATION FOR MEMPHIS CHAPTER, TUSKEGEE AIRMEN INC. (MCTAI)
2027 AVIATION EDUCATION ASSISTANCE FUND (To be submitted by April 30, 2027)

*** 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:

Title of Courses	Official Start Date of Class	Official End Date of Class	Cost of Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, 2027.

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 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 through adjusted gross income line. Do not send all other IRS pages.

Application packets must be mailed or emailed along with all required documentation by April 30, 2027 to the address below:

Memphis Chapter of Tuskegee Airmen, Inc.
Aviation Education Assistance Fund
P.O. Box 381886
Germantown, TN 38183-1886 ***or*** *Scan and EMAIL legible .pdf copies of all documents to:* taimem@aol.com

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: _____

MCTAI FORM 62av (Revised October 2026) ALL PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE