

# 2024 ATL Tuskegee Airmen, Inc. S.P.A.R.C. aviation program

June 10-14, 2024

In- person interview (Required) Saturday, June 8, 2024

10:00AM-Noon (Student applicants must report at 9:45AM)



## RESPECTING OUR HISTORY AND EMBRACING OUR FUTURE

Clayton County Library System-Northwest Branch

6131 Riverdale Rd.

Riverdale, GA 30274

### Application Checklist

1. Completed application
3. Wallet sized student photo

### Submission Instructions:

The application must be returned by Apr The documents may be submitted online at <https://atlantatai.org/taast/application/>.

# Atlanta Chapter Tuskegee Airmen, INC

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## 2024 Tuskegee Airmen Aviation STREAM Training (TAAST) Student Application

### STUDENT INFORMATION

Last Name\_\_\_\_\_ First Name\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Grade\_\_\_\_\_ DOB (dd/mm/yyyy) Age\_\_\_\_\_ Gender  
F M

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

Are you member of any of the following organizations

ACE\_\_\_\_\_ OBAP\_\_\_\_\_ ROTC\_\_\_\_\_ Civil Air Patrol\_\_\_\_\_

A student ID may be required for some tours. Do you have one?

YES\_\_\_\_\_ NO\_\_\_\_\_

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

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Primary Parent/Guardian Name\_\_\_\_\_ Relationship\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

Secondary Parent/Guardian Name\_\_\_\_\_ Relationship\_\_\_\_\_

#### 4. Medical Information

Are there any medical concerns you may experience during the ACTAI program?

Yes

No

If yes, please explain:

Student's Medical Insurance Company

Policy Number

#### 5. Signatures

Student's Signature:

Printed First and Last Name

Date (dd/mm/yyyy)

Primary Parent/Guardian Signature:

Printed First and Last Name

Date (dd/mm/yyyy)

Disclosure: I acknowledge that the TAAST program is provided at no cost.

I have read and acknowledged this disclosure

Parent/Guardian's Initials

Internal Use Only