



## ADMISSION APPLICATION

*Type or Print All Information*

**William "Bill" Campbell Chapter, Tuskegee Airmen, Inc.**

## SUMMER FLIGHT ACADEMY

**MAIL TO: William "Bill" Campbell Chapter, TAI  
P.O. Box 8814  
Emeryville, Ca.94662-0814**

NAME: (Last, First, Middle Initial, Jr. Sr. II. III)				Current Age:	Date of Birth: (MM/DD/YEAR)	
Residence Address:			City:	State:	ZIP+ 4:	
Home Phone: (Including Area Code)		Father's Full Name:		Mother's Full Name:		
Parent's Residence Address: (If Different)			City:	State:	ZIP+ 4:	
Height:	Weight:	Color Eyes:	Color Hair:	Hearing Problem: ( ) Yes ( ) No	Do You Wear Glasses or Contacts? ( ) Yes ( ) No	
List any and all physical problems:						
Indicate Your Interest in Aviation: ( ) Some ( ) Average ( ) Above Average ( ) Had flight instruction before? ( ) Attended ground school before?						
What is Your School's Name?				School Office Phone Number:		
School Address:			City:	State:	ZIP+ 4:	
HS Graduate/GED? ( ) Yes ( ) No	GPA:	Academic Interests:		List your hobbies:		
Your Signature:					Date signed:	
Signature of Father or Guardian:			Signature of Mother or Guardian:			Date signed:
Print Name of Father or Guardian:			Print Name of Mother or Guardian:			
<b>DO NOT WRITE BELOW THIS SPACE. IT IS RESERVED FOR TAI CHAPTER OFFICIALS</b>						
Interviewed by:			Print Name of Interviewer:			Date signed:
Approved for Flight Academy? ( ) Yes ( ) No		Comments:				