



<http://firstmaw.homestead.com>

THE SCOOP SHEET

Information For And About Members Of The First Marine Aircraft Wing Association – Vietnam Service

<http://firstmaw.homestead.com>

Summer 2025

Issue 64



IN THIS ISSUE

PAGE 2	Presidents Letter
Page 3	Membership Notes
PAGE 4	Scholarship
PAGE 5-7	Reunion Pictures
PAGE 8	Reunion Form
PAGE 9-10	Security Document
Page 11	Security Instructions
Page 12	Phil Beckerich
Page 13	PX

President	Bernie LaPira
Vice President	Bill Walden
Secretary	Al Frater
Treasurer	Jerry Sergeant



A MESSAGE FROM THE PRESIDENT ...

Marines of the First MAW Association- Vietnam Service Hope this finds you all well and safe.

First of all I want to thank our reunion committee for all their hard work. Rob, committee chair, Jerry, Paco, and Bill for taking on the task to do all the leg work to finalize our reunion this year. A special thank you to Diana who had to put up with Jerry and keep him straight.

All the information you will need is in this Scoop for the reunion. Also, we lost Phil Beck-erich this year. Information is included in this Scoop. R.I.P. Marine

Hope to see all of you in Beaufort, S.C. and wish you all safe travels and God Bless.

Semper Fi. Bernie



MEMBERSHIP NOTES

DUES RENEWALS **Membership Renewals**

Membership Renewals

Just a reminder to annual members, your dues are now due every January.

Please help our association save postage and mail expense by sending in your \$25.00 renewal dues ahead of
Jan 1

Important notice. Some of you are still mailing dues to Jerry's old address

Mail in your check payable to: 1st MAW Vietnam Service, c/o Jerry Sergeant, 6321 Auburn Ave Bradenton,
FL 34207

Any additional questions regarding membership may also be directed to the above address or emailed to:
jleesarge@hotmail.com

Jerry Sergeant
Treasury and acting Membership Chairman

ELECTRONIC SCOOP

The Electronic Scoop list is growing. Any other members who desires to receive their "Scoop" electronically in order to reduce mailing and publishing costs please contact Al Frater at teanal330@gmail.com and please cc Frank Arce at frankpaco69@aol.com. Those members who have requested an electronic SCOOP will be removed from the mailing list as requested.

VOLUNTEER NEEDED - UPDATE

We are looking for a webMster and Scholarship Chairman

With the passing of former chairman Phil Beckerich III earlier this year we are now looking for a member to stand up and take these duties on.

Scholarships have been an invaluable resource for our family members, enabling them to pursue higher education not only in Universities and colleges but also trade, technical and nursing schools.

The process is very simple for the chairman, but it is a crucial step that we cannot let slip.

The chairman simply reviews and confirms the applicants paperwork, and that they are indeed eligible for our scholarships. Then at our reunions annual meeting the chairman advises the members of the award recipients and provides the names and address to the treasurer for processing

PX

Check out our PX page If anyone wants something let us know. Contact Al Frater at teanal330@gmail.com for 201-906-1197 for information.

Scholarship Requirements and Details

The First Marine Aircraft Wing Association, Vietnam Service will award up to five scholarships of \$500 each during Reunion 2025.

To qualify for a scholarship, applicants must meet the following qualifications:

Be a First Marine Aircraft Wing Association, Vietnam Service member in good standing (i.e., dues are paid up to date), their spouse, dependent or direct descendent. Further, the association member must have a minimum of one year membership as of October 19, 2025.

-OR

Be a spouse, dependent, or direct descendent of a deceased member of the First MAW Assn. VN Service

-OR

Be a spouse, dependent, or direct descendent of a Marine or member of another military service, who lost his/her life while serving in Vietnam with the First Marine Aircraft Wing.

-AND

Applicants must be enrolled in an accredited institution and be in good academic standing.

Applicants will be required to submit an essay of 300-350 words. The applicant can choose one of the following topics:

1. What the Vietnam Veteran's Memorial means to me.
2. What all Americans can do to solve the energy crisis.
3. How I plan to use my education to aid society.
4. Why I support our Marines in harm's way.

To compete for a scholarship, applicants must submit their essay in accordance with the following instructions:

1. The essay must be typed. Do not include applicant's name on the essay page. Attach a cover page with the applicants name, address, phone number and email address. The cover page must also include the name of the First MAW Assn. VN Service member and membership number, along with the applicant's relationship to the member (spouse, son, daughter, grandchild etc.).
2. Verification from a counselor or other school official confirming that the applicant is enrolled. The letter needs to be on school letterhead or properly documented from the institution.
3. A copy of the students' most current transcripts.

The essay and required documents must be post marked no later than:

September 30th, 2025

Mail To: First Marine Aircraft Wing Association-VN Service

c/o Scholarship, Jerry Sergeant
6321 Auburn Ave
Bradenton, FL 34207



MEETING



Current Officers



Members

Photos



Al Frater and Paco Arce



Rob Waters and Family





Al Frater with Randy Lutes , Mark and guests



Phil Beckerich and Guest





REUNION 2025

FIRST MARINE AIRCRAFT WING ASSOCIATION VIETNAM SERVICE

Beaufort (MCAS) and Parris Island (MCRD) South Carolina

Wednesday October 29th thru Saturday November 1st, 2025

**** Registration Form ****

This Reunion Requires All Attendees to pre-register for security purposes. If it is not completed and returned by August 14th, you may not get into the Hotel, the Graduation Ceremony, or Banquet...all events are on base(s). (We need to provide a list of attendees to the Provost Marshall 60 days in advance. Our Association has no control over this.)

MEMBER'S NAME _____

ADDRESS _____

CELL PHONE _____ EMAIL _____

(So that we can provide Confirmation of Receipt)

NAME OF GUEST ATTENDING WITH MEMBER _____

Additional Guest Name (s) (for name tags) _____

IN CASE OF Medical Emergency NOTIFY: (Name & number) _____

REGISTRATION FEE INCLUDES: **Wednesday:** Registration & Social gathering. **Thursday:** Business Mtg, China Beach & light meal, **Friday:** Graduation Ceremony, Tram tour, Buffett lunch, Transportation, (Bus required as Security cannot handle our high volume of private vehicles in a timely manner) **Friday evening:** our Plated Banquet Dinner. **Saturday:** safe travels home.

Choose one Banquet Chicken Milanese over Saffron Risotto. _____
Meal Grilled 12oz Rib Eye with Red Onion Marmande, Sauteed Broccoli and Herb Roasted Potatoes. _____
per person Grilled Salmon Nicoise. _____

*All meals include Field Greens Salad, Rolls, Sweet Tea, Iced Tea, Water and a Chocolate Mousse Cake. All Rib Eyes cooked Medium.

NUMBER ATTENDING REUNION _____ x \$ 190.00 (per person) Total Reunion Amount \$ _____

Optional: Red Polo Reunion Shirt: \$35.00 each = \$ _____ Circle size(s): M _____ L _____ XL _____ 2XL _____ 3XL _____

TOTAL AMOUNT INCLUDED \$ _____

REGISTRATION and PAYMENT are DUE NO LATER THAN Thursday August 14th, 2025.

The security required Paperwork may be sent earlier but must be received by August 14th, 2025

(MAKE, CHECKS or MONEY ORDERS PAYABLE TO: **FIRST MARINE AIRCRAFT WING ASSOCIATION**
PLEASE SEND PAYMENTS, Registration and Security Form (s), TO THE FOLLOWING ADDRESS:

Mail to: FIRST MARINE AIRCRAFT WING ASSOCIATION

c/o TREASURER, JERRY SERGEANT

6321 Auburn Ave

Bradenton, FL 34207

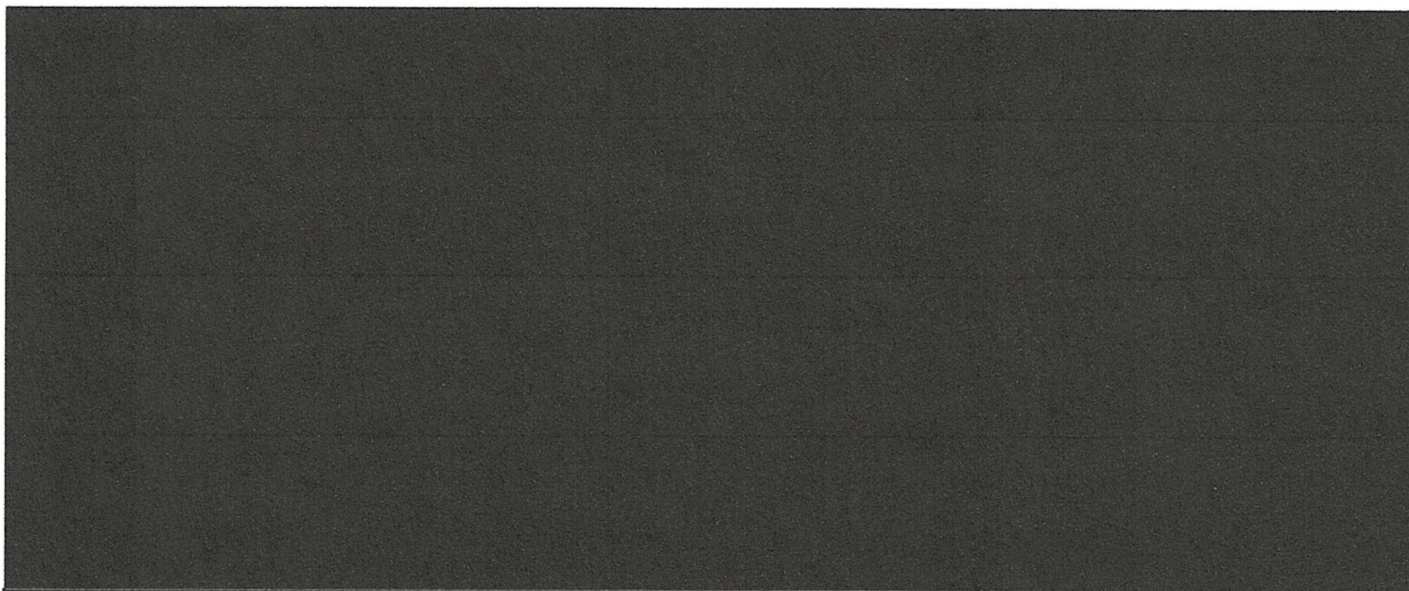
NOTE: Room rates of \$120. Single Queen and \$130. Double Queen, at the **Irby Inn** at MCAS Beaufort (previously the BOQ now renovated) No additional taxes or Parking fees. **For Room Reservations call: 843-228-7676** and mention you're with the 1st Marine Aircraft Wing Reunion
Street address: 431 Moore St. Beaufort MCAS, SC 29902

Reunion participation is for paid members and registered guests. Membership is available to all qualified individuals. Please check the association's website at www.Firstmaw.homestead.com for membership details and application form information.

CUI (when filled in)

OMB 0703-0051 05/31/2024

DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION					
PRIVACY ACT STATEMENT:					
<p>AUTHORITY: 10 U.S.C. 113, Secretary of Defense, DoD Directive 1000.25, DoD Personnel Identity Protection (PIR) Program, DoD Instruction 5200.08, Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB), DoD 5200.05-R, Physical Security Program, DoD Directive 5200.27, Acquisition of Information Concerning Persons and Organizations not Affiliated with the Department of Defense (Exemption to policy memos), Directive-Type Memorandum (DTM), 00-012, Interim Policy Guidance for DoD Physical Access Control, DTM 14-005, DoD Identity Management Capability Enterprise Services Application (IMESA) Access to FBI National Crime Information Center (NCIC) Files, and E.O. 8097 (SSN), as amended, OPNAVINST 9590.145, Navy Physical Security and Law Enforcement Program, Marine Corps Order P6630-14, Marine Corps Physical Security Program Manual, SORNNAV05G12-2 Badge and Access Control System Records and OMDC 16, Identity Management Engine for Security and Analysis (IMESA), http://doddc.defense.gov/Privacy/SORNIndex</p> <p>PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DoN) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DoN, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing information necessary for designated populations for purposes of protecting U.S./DoD controlled governmentational security areas of responsibility and information, to issue badges, replace lost badges, and remove passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the employment times of personnel.</p> <p>ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility.</p> <p>DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.</p>					
IDENTITY PROOFING AND APPLICANT INFORMATION					
1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NAME:	4. NAME SUFFIX:		
			<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
5. RACE (Check one or more): <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE					
6. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. DATE OF BIRTH:	8. CITY OF BIRTH:	9. STATE OF BIRTH:	10. BIRTH COUNTRY:	
11. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		12. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):			
13. IDENTITY SOURCE DOCUMENTS PRESENTED:	14. DOCUMENT NUMBER:	15. ISSUED BY STATE/COURT:	16. ISSUED BY COUNTRY:	17. ISSUED:	18. EXPIRES:
<input type="checkbox"/> Social Security No.			United States		
<input type="checkbox"/> State ID/Drivers License			United States		
<input type="checkbox"/> Passport No.					
		Date of Entry:	Port of Entry:		
OTHER APPROVED IDENTITY SOURCE DOCUMENTS:					
19. WEIGHT (Pounds):	20. HEIGHT (Inches):	21. HAIR COLOR (Check one): <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald		22. EYE COLOR (Check one): <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown	
23. HOME ADDRESS (Include city, state, zip code):				HOME PHONE (Include Area Code):	
24. BASE SPONSOR'S NAME: 1st MAW VN Service President Bernard LaPira				SPONSOR PHONE (Include Area Code): 828-668-9509	



AUTHORIZATION AND RELEASE AND CERTIFICATION

30. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).

I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.

I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

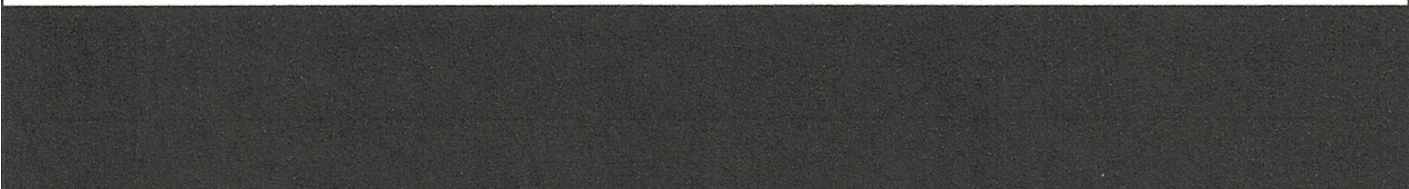
FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.

BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT.

DATE _____ SIGNATURE _____

FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.



CUI (when filled in)

OMB 0703-0061 05/31/2024

Instruction for completing the Local Population Access Registration Form

INSTRUCTIONS: Please complete all information in black ink (printed) or by typing. By voluntarily providing your Personal Information, you agree to the following terms and restrictions.

RESTRICTIONS: Local Population Identification Card/Basic Access Passes may only be used by persons to whom they are issued and for the specific business/purpose issued. Applicants are reminded that soliciting (i.e., door-to-door sales) is prohibited on the base, and that such activity is grounds for cancellation of the Pass. Additionally, such action may result in debarment from the base and legal action. The Base Commanding Officer has discretion over specifying the period of validity for any Local Population ID Card/Basic Access Passes that are issued under his/her jurisdiction.

Review the Privacy At Statement that is printed at the top of the form.

Block 1: Enter the Last Name.	Block 17: Enter the Date that the Identity Source Document was issued.
Block 2: Enter the First Name.	Block 18: Enter the Date that the Identity Source Document will expire.
Block 3: Enter the Middle Name.	Block 19: Enter Weight in pounds.
Block 4: If applicable, check the box for Name Suffix.	Block 20: Enter Height in inches.
Block 5: Check the applicable box for Race.	Block 21: Check the applicable box for Hair Color.
Block 6: Check the applicable box for Gender.	Block 22: Check the applicable box for Eye Color.
Block 7: Enter Date of Birth.	Block 23: Enter Home Address including City, State, Zip Code, and Home Telephone Number.
Block 8: Enter City of Birth.	Block 24: Enter Name of Registrant's Base Sponsor and Base Sponsor's Telephone Number.
Block 9: Enter State of Birth.	Block 25: Enter Employer Name and address including City, State, Zip Code, and Employer's Telephone Number.
Block 10: Enter Country of Birth.	Block 26: Enter Supervisor's Name including City, State, Zip Code, and Supervisor's Telephone Number.
Block 11: Check the applicable box for US Citizenship.	Block 27: Check the applicable box for Work Hours box or check the OTHER box and enter the work hours, then check applicable boxes for Work Days.
Block 12: If not a US Citizen, enter the name of the Country of Citizenship.	Block 28: Check the applicable answer if you have been convicted of Felony and enter initials.
Block 13: Two forms of identity source documents from the list of acceptable documents listed below must be presented to the base registrar with this completed form. Check the box for the type of Documents that will be presented for identity proofing. If the document type is not listed, use the two rows under Other Approved Identity Source Documents to enter the type of document(s) that you will present.	Block 29: Check the applicable box for Identity conviction.
Block 14: Enter the Document Number located on the Identity Proofing Source document that was checked in Block 13.	Block 30: Enter initials to accept terms for retaining Local Population Identification Card.
Block 15: Enter the State that issued the Identity Source Document.	Block 31: Sign and date the form to attest that the foregoing information is true and complete to best of your knowledge.
Block 16: Enter the Country that issued the Identity Source Document.	

LIST OF ACCEPTABLE DOCUMENTS - All documents must not be expired.

Must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A - Documents that Establish Identity and Employment Authorization	OR	List B - Documents that Establish Identity	AND	List C - Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Seaport Card. Permanent Resident Card or Alien Registration Receipt Card (Form I-551). Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa. Employment Authorized on Document that contains a photograph (Form I-766). For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign Passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport, and An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with and restrictions or limitations identified on form. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and FSM or RMI. 	OR	<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. School ID card with a photograph. Voter's registration card. U.S. Military card or draft record. Military dependent's ID card. U.S. Coast Guard Merchant Mariner Card. Native American tribal document. Driver's license issued by a Canadian government authority. <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> School record or report card. Clinic, doctor, or hospital record. Day care or nursery school record. 	AND	<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION. VALID FOR WORK ONLY WITH DHS AUTHORIZATION. Certification of Birth Abroad issued by the Department of State (Form FS-245). Certification of Birth issued by the Department of State (Form DS-1300). Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal. Native American tribal document. U.S. Citizen ID Card (Form I-197). Identification Card for Use of Resident Citizen in the United States (Form I-773). Employment authorization document issued by the Department of Homeland Security.

The remainder of the form will be completed by the Base Registrar Person conducting Identity Proofing process and NCIC check.

AGENCY DISCLOSURE STATEMENT:

The public reporting burden for this collection of information, OMB 0703-0061, is estimated to average ten (10) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, Executive Services, at was.mic-alex.ead.mbx.eod-eod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN RESPONSE TO THE ABOVE ADDRESS.
Responses should be sent to the Base Registrar.

SECNAV 5512/1 (MAY 2021)

CUI (when filled in)

Controlled by DOD
Do not release, destroy
1.01, FRO, DU
POC: Security-Policy-Data-Collection@oasg.mil or 507-200-4361

Page 3 of 3

Is MAW remembering Phil Beckerich long time
Member of our association



thank you to the fellow Marines, Honor Guard and veterans who gave Philip Beckerich full military honors including a three-volley salute, playing of taps and flag folding and presentation ceremony. Semper Fi.



PX

We now have available Auto window stickers and new Challenge coins. Anyone interested in purchasing them you can contact me at 201-907-1197 or email me at teanal330@gmail.com or send a check made out to "First Marine Airwing Association"

Al Frater
524 Sagamore Ave
Teaneck NJ 07666



Two for \$5.00



COINS are \$10.00 plus \$3.00 for shipping



**First Marine Aircraft Wing Association –
Vietnam Service
6321 Auburn Ave
Bradenton, FL 34207**

We are a fraternal organization of Marines and others who were attached to or supported First MAW units serving in the Vietnam War. The organization was founded in 1986 and incorporated as a not-for-profit entity in New York State in 1988. Our purpose is to reunite members of the First MAW either through scheduled reunions or by means of our newsletter, web site, or other various functions. The organization strives to disseminate information about our history as well as about legislation, entitlements, and welfare involving

Reunion 2017 San Diego

