

**STATE EDUCATION ASSISTANCE PROGRAM – APPLICATION AND CONTRACT**

CTR # \_\_\_\_\_

NAME: \_\_\_\_\_ SSAN: \_\_\_\_\_ RANK: \_\_\_\_\_  
(PRINT: LAST NAME, FIRST NAME, AND MI)

ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

PHONES: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ ENTRY STATUS INTO THE DNG (CIRCLE ONE): NON-PRIOR SERVICE PRIOR SERVICE

CURRENT MILITARY STATUS (CHECK ONE): FEDERAL TECH \_\_\_\_\_ STATE TECH \_\_\_\_\_ AGR \_\_\_\_\_ TRADITIONAL \_\_\_\_\_

MILITARY UNIT: \_\_\_\_\_ DATE JOINED DNG: \_\_\_\_\_ ETS/MRD/MSD: \_\_\_\_\_

HIGHEST EDUCATION LEVEL ALREADY COMPLETED (CIRCLE ONE): HIGH SCHOOL ASSOCIATE BACHELOR MASTERS

CURRENT STATUS (CIRCLE ONE): FULL-TIME PART-TIME PROJECTED GRADUATION DATE: \_\_\_\_\_

CURRENT PROGRAM (CIRCLE ONE): MASTER'S BACHELOR'S ASSOCIATES CERTIFICATE CREDIT HOURS EARNED: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ CAMPUS LOCATION: \_\_\_\_\_

COURSE (S) NUMBER	COURSE (S) TITLE	CREDIT HOURS	TUITION COST
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

COURSE (S) START DATE: \_\_\_\_\_ COURSE (S) COMPLETION DATE: \_\_\_\_\_

**DECLARATION OF EDUCATION ASSISTANCE FROM OTHER SOURCES**

Federal Tuition Assistance Program / Army Only (\_\_\_\_) Amount: \_\_\_\_\_

Scholarship Money (\_\_\_\_) Amount: \_\_\_\_\_

Grant Money (\_\_\_\_) Amount: \_\_\_\_\_

Civilian Employer Contributions (\_\_\_\_) Amount: \_\_\_\_\_

Other Education Assistance (\_\_\_\_) Amount: \_\_\_\_\_

DNG Form 600-1(RE)

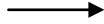
01 JAN 2010

DE-ARP-ES

DNG Form 600-1 (RE) supersedes DNG Form 600-1(RE), dtd 1 16 Jun 2006. Previous editions are obsolete and will not be used. Form is reproducible.

**ACKNOWLEDGEMENT OF APPLICANT**

I have read the pertinent portions of DNG PAM 600-3, and I agree to comply with policies and procedures set forth therein. I understand that education assistance is authorized on a course-by-course basis, and any additional agreements between educational institutions and myself are not binding to the State of Delaware. I understand that I must file DNG Form 600-4 Claim Form and forward a copy of my grade reports and transcripts and official bill to the Headquarters, Delaware National Guard within 45 day upon completion of courses. In exchange for any reimbursement paid to me, I specifically promise that if I do not serve my required 6 years with the Delaware National Guard, I will repay all funds paid to me pursuant to this program to the Delaware National Guard within 30 days of my separation. I understand that the State Tuition program has a 10 yr eligibility window that starts when I first applied for funds. My signature acknowledges that I have read and agreed to and understand all the above statements.



\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**APPROVAL OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE**

I certify that the above named service member, in my unit, to the best of my knowledge and ability meets the criteria for participation in the State Education Assistance Program. This person is a satisfactory participant, who has not missed more than six drill periods within the past one year and is not under any adverse personnel action.

\_\_\_\_\_  
TYPED NAME OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE



\_\_\_\_\_  
SIGNATURE OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

**MAIL APPLICATION TO: Army SEAPM: Department of Military Affairs, Delaware Army National Guard, ATTN: DE-ARP-ES, First Regiment Road, Wilmington, DE 19808.**

**Air SEAPM: Delaware Air National Guard, ATTN: ROM, 2600 Spruance Drive, New Castle, DE 19720.**

**EDUCATION REVIEW BOARD ACTION AND COMPUTATION**

\_\_\_\_\_  
APPROVAL SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
FAIR PERCENTAGE APPLIED

\_\_\_\_\_  
AMOUNT OF TUITION APPROVED

**PRIVACY ACT STATMENT**

**AUTHORITY:** Delaware State Code, Title 14, Section 3411

**PRINCIPAL PURPOSE (S):**Used to list courses for which the service member is requesting education assistance from the State of Delaware.

**ROUTINE USES:** Used as a record of courses for which the service member is requesting education assistance.

**DISCLOSURE:** Disclosure of information is mandatory. Failure to provide required information will complicate, delay, and/ Or prevent administrative actions needed to approve issuance of tuition assistance.



