

STATE FUNDED TUITION ASSISTANCE APPLICATION

Applicant's Name : _____
(Last, First, Middle Initial)

Rank: _____ Social Security Number: _____ Unit of Assignment: _____

Current Mailing Address: _____
(Street Address to include Apartment #, if applicable)

(City, State, and Zip Code)

Applicant's Telephone Number: () _____ - _____

Pay Entry Basic Date (Army): ____/____/_____
DD MM YYYY

Pay Date (Air) (Start Date): ____/____/_____
DD MM YYYY

ETS Date: _____

Are you a first time college freshman? (Check One) Yes _____ No _____

Do you have prior Missouri National Guard Service? (Check One) Yes _____ No _____

Have you previously received MO state funded education assistance?: Yes _____ No _____

If you answered Yes – Dates last used: From _____ To _____

For which semester are you applying? (Check One) Fall _____ Spring _____ Summer _____

College/University Name: _____ Start date of classes: _____

How many credit hours are you enrolled in: _____ Cost of tuition only per hour: _____

ARNG applicants: Have you requested Federal Tuition Assistance? Yes _____ No _____

I certify all of the above information on this form is true and complete to the best of my knowledge.

I also certify that I have read the Statement of Understanding and understand that I must remain in an "active" military status while enrolled in a semester or session for which I am receiving education assistance, except for death, disability, or medical disqualification. Failure to remain in an "active" status will result in the recoupment of all monies awarded for that semester/session.

APPLICATIONS ARE DUE NO LATER THAN 30 DAYS AFTER THE START DATE OF CLASS. Late submission may result in a denial of tuition assistance and will be required to go before the Education Board for Approval.

Applicant's Signature: _____ Date: _____

COMMANDER'S CERTIFICATION

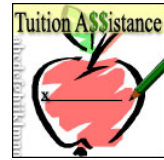
I certify that the above applicant is a satisfactory participant and a member in good standing in the Missouri National Guard.

Printed Name and Grade _____

Commander's Signature: _____ Date: _____



**MISSOURI NATIONAL GUARD
EDUCATIONAL ASSISTANCE PROGRAM
STATEMENT OF UNDERSTANDING**



Applicant must initial by each paragraph, indicating acceptance of the terms of this agreement.

_____ I understand that as a recipient of educational assistance pursuant to RSMo 173.239 that **if I cease to maintain "active" military affiliation while enrolled in a semester or session for which I am receiving educational assistance, except death, disability, or medical disqualification, that educational assistance will be terminated and I will be required to pay back all amounts awarded to me for that semester or session.**

_____ I understand that, if eligible, I will receive educational assistance, subject to the availability of State funds appropriated for that purpose. If the state legislature does not appropriate funds or if State appropriated funds are inadequate to meet the program requirements, my benefits may be reduced and/or I may no longer continue to receive benefits and will be placed on a waiting list.

_____ I understand if state appropriations are reduced by the legislature or student enrollment costs exceed the appropriated amount, my grant may be prorated in amounts that are no less than 50% of the limits set forth below.

_____ I understand that, if eligible, a maximum of 39 semester hours per academic year will be supported not to exceed a total of 150 credit hours or a bachelor degree, whichever comes first. The amount funded per credit hour will not exceed the lesser of the following:

- a. The actual tuition amount or
- b. The current amount tuition charged a Missouri resident at the University of Missouri for resident undergraduate tuition.

_____ I understand I must maintain a cumulative grade point average (GPA) of at least a 2.5 on a 4.0 scale, or the equivalent on another scale approved by the program administrator. (High school students, who have never attended college, do not require a 2.5 GPA nor do they need to submit a transcript to enter into and begin receiving tuition assistance.)

_____ I understand that if I have a GPA average of less than 2.5 on a 4.0 scale (or equivalent) for any post secondary education completed at the time I apply for educational assistance I will be immediately placed on academic probation. I understand that failure to achieve a 2.5 GPA on the next semester, while my cumulative GPA is below 2.5, will result in suspension from the educational assistance program. If suspended from the program, I will not be eligible to re-enter this program until I have an overall cumulative GPA above 2.5. Upon re-entry into the program I will be eligible for 50% of my actual tuition charge or 50% of the tuition rate as charged a Missouri resident undergraduate student attending the University of Missouri.

_____ I understand I am not authorized payment for tuition costs incurred prior to my enlistment in the Missouri National Guard or for any fees or surcharges charged by my university. I am seeking assistance for tuition only. *I am a member of the Missouri National Guard prior to the first day of the academic semester.*

_____ I understand if I drop a class(es) or fail to complete a course(s) for which educational assistance was received, I must reimburse the State of Missouri for the educational assistance awarded for that course(s).

_____ **I understand if I add a class(es) it is my responsibility to inform the State Tuition Office and send in correct and current bill from the university.**

_____ I have never been convicted in any court of an offense which involved the use of force, disruption or seizure of property under the control of any institution of higher education to prevent officials or students in such institutions from engaging in their duties or pursuing their studies.

_____ I have not enrolled or intend to use the award to enroll in a course of study leading to a degree in theology or divinity.

_____ **I understand that if eligible I MUST use all of my Federal tuition assistance before applying for State tuition assistance.**

_____ **I understand it is my sole responsibility to submit all required documents to ensure proper and timely processing.**

Applicant's Signature

Date