WISCONSIN NATIONAL GUARD TUITION GRANT APPLICATION

Application in compliance with: Privacy Act of 1974, E09397; WIARNG Regulation #621-7, WI ANG Regulation #53-01 and WI Statutes, Section 321.40.
Completion of form is voluntary; however, lack thereof will prevent grant processing. Personal information will not be used for any other purpose.

STUDENT PORTION: THIS APPLICATION MUST BE RECEIVED AT THE DEPARTMENT OF MILITARY AFFAIRS (DMA) <u>NO LATER THAN 90 DAYS</u> AFTER EACH COMPLETION OF A COURSE OR TERM, WHICHEVER OCCURS FIRST. After completing all lines in the student portion, the applicant must submit this application to the appropriate College Registrar's Office or Veterans' Office for certification of the school portion. Submit an application even if a course(s) is incomplete or 2.0 GPA is not achieved. Reimbursement is determined by the resident undergraduate base tuition, and applicable differential tuition, charged by the University of WI-Madison or the tuition rate at the student's qualifying school, whichever is less. This grant will be suspended if the student is AWOL or flagged & denied if the student is delinquent in child support or maintenance payments s. 49.854(2)(b), WI Stats.

Social Security Number: _____   Check: Guard Membership   Army_____   Air_____

Print Name:_____   Check: Male_____   Female_____
First   Middle   Last

Address where check should be sent:_____   City:_____

State:_____   Zip:_____   Birthdate:_____   Academic Term Dates From: _____   To:_____
Month Day Year   Month Day Year   Month Day Year

School Name:_____   # of credits anticipated this academic term:_____

I certify that: (1) I will direct all grant questions to the DMA Grant Specialist at 608-242-3159, (2) my school may release this form to DMA, (3) the application must be received by DMA within 90 days of the term end date & I will call DMA prior to that deadline if I have not received my reimbursement, (4) a minimum grade point average of 2.0 is required per term, (5) I do not have a Bachelor's Degree, (6) I must be an actively drilling WI Guard member, but not an officer, upon the completion of this term, (7) I cannot apply for this grant simultaneously with VetEd or the WI GI Bill, (8) this grant may reimburse no more than the tuition balance after other tuition specific benefits pay (e.g.: Chapter 33, Federal Tuition Assistance, Air Force TA, etc.), (9) I may receive up to 8 semesters of tuition reimbursement, with the exception of degrees that require 5 years/10 semesters, (10) if I do not fulfill my military contract, DMA will pursue recoupment for all grants awarded, (11) most out-of-state schools & on-line schools do not qualify for this grant. I will contact DMA to inquire if my school qualifies for this grant or consult the qualifying school list at <u>http://dma.wi.gov/DMA/support/education</u> . The grant application is also on this website.

Date:_____Telephone:_____

SCHOOL PORTION: After classes are completed, the School's Registrar or Veteran's Representative certifies this form for the above-named student & term. The school keeps a copy & submits this application within 90 days of the term completion to: WI Department of Military Affairs, WIAR-G1-ED, PO Box 8111, Madison, WI, 53708-8111. Upon fulfillment of previously incomplete course(s), adjust the number of satisfactory credits & the tuition paid, then submit to DMA. Direct questions to the DMA Tuition Grant Specialist 608-242-3159.

School Name:_____   USDOE Federal School Code:_____

Beginning date of most recently completed term:_____   Ending date of most recently completed term:_____
Month Day Year   Month Day Year

# of credits **satisfactorily completed this term**:_____   # of incomplete credits this term:_____

IMPORTANT: report if another <u>tuition specific</u> benefit paid this term. Circle all that apply: Chapter 33 / WI GI Bill / Federal Tuition Assistance / Air Force TA / VetEd /other?_____   Indicate amount each paid. $_____
specify other source   attach explanation, if necessary

Out of Pocket tuition paid by **student** for **satisfactorily completed courses ONLY**: $_____ (**NO** Segregated fees, CEUs)

Yes_____ No_____   Did the student attain a minimum grade point average of 2.0 for this term/semester (NOT cumulative GPA)?

Yes_____ No_____   Did the applicant have a Bachelor's Degree prior to the completion of this most recent term?

During the term dates on this application, the above-named student is in the School of _____.
(ie. Business Admin or Certificate, Engineering, Not applicable, etc.)

Print School Certifying Official Name:_____   Date:_____   Telephone:_____

MILITARY PORTION: To be certified by the appropriate WIAR-G1-ED or WIAF-DP WI National Guard Office.

Pay Grade:_____   Unit Code:_____   Enlisted:_____   Education Code:_____   ETS:_____
Month Day Year   Month Day Year

Certifier's Signature_____   Date Certified:_____   Comment:_____

DMA STATE BUDGET & FINANCE PORTION: Voucher:_____   Date Processed:_____   By:_____

DMA FORM 189-E, February 2019