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) NO LATER THAN 90 DAYS 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. Reimbursement is determined by the resident undergraduate base tuition charged by the University of WI-Madison or the tuition rate at the student's qualifying school, whichever is less. Every effort is made to reimburse the student within a month of the term end date. 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

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 benefits pay (e.g.: Chapter 33, Federal Tuition Assistance or Air Force Tuition Assistance), (9) I may receive up to 8 semesters of tuition reimbursement, (10) if I do not fulfill my military contract, DMA will pursue recoupment for the 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 http://dma.wi.gov/DMA/support/education. The grant application is also on this website.

Signature:_____ 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: _____

# of credits earned **exclusively** on-line this term: _____ # of University Post-Grad degree credits this term: _____

IMPORTANT: report if another tuition specific 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?

Certifier's Signature:_____ 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:

DMA FORM 189-E, September 2015 Voucher:_____ Date Processed:_____ By: _____