

**APPLICATION FOR PENNSYLVANIA NATIONAL GUARD EDUCATIONAL ASSISTANCE PROGRAM  
DATA REQUIRED BY PRIVACY ACT OF 1974 (AUTHORITY: 51 Pa C.S. Chapter 32)**

**APPLICATION FOR THE 2013-2014 ACADEMIC YEAR**

**SECTION I**  
(completed by applicant)

- YOU MUST BE ENROLLED IN A DEGREE OR CERTIFICATE GRANTING PROGRAM AT AN APPROVED PENNSYLVANIA INSTITUTION AND TAKING AT LEAST 3 CREDITS (OR THE EQUIVALENT) FOR A TERM.**
- A NEW APPLICATION IS REQUIRED EACH SCHOOL YEAR; USE ONE APPLICATION FOR THE ENTIRE SCHOOL YEAR. THE DEADLINE TO REQUEST FUNDING IS 30 JUNE, APPLICATIONS RECEIVED AFTER THAT DATE WILL BE PROCESSED ONLY IF FUNDING IS AVAILABLE.**
- FAILURE TO ANSWER ALL QUESTIONS COULD DELAY THE PROCESSING OF YOUR APPLICATION. IF YOU HAVE NEVER APPLIED TO THE EDUCATIONAL ASSISTANCE PROGRAM BEFORE, AN ORIGINAL MASTER PROMISSORY NOTE MUST BE COMPLETED, SIGNED, AND SUBMITTED TO YOUR UNIT OF ASSIGNMENT WITH THIS APPLICATION.**
- FAILURE TO COMPLETE THE ENTIRE PENNSYLVANIA NATIONAL GUARD 6-YEAR SERVICE AGREEMENT WILL RESULT IN RECOUPMENT OF ALL MONIES PREVIOUSLY AWARDED BY EAP.**

1a. LAST NAME			FIRST NAME			MI			1b. SOCIAL SECURITY NUMBER					
1c. DATE OF BIRTH (MM/DD/YY)			1d. RANK			ARMY NG _____ AIR NG _____			1e. STATUS (check one) <input type="checkbox"/> AGR <input type="checkbox"/> M-DAY <input type="checkbox"/> CURRENTLY DEPLOYED					
1f. BEGINNING DATE OF SIX YEAR CONTRACT FOR EAP (MM/DD/YY)						1g. ETS DATE (EXPIRATION OF TERM OF SERVICE) (MM/DD/YY)								
2a. HOME OF RECORD (Street, City, State, Zip Code)														
2b. AREA CODE AND HOME OR CELL PHONE NUMBER						3. UNIT OR RSP (NAME)						UIC		
EMAIL ADDRESS														

- 4a. Do you currently have a Bachelor Degree?  Yes  No      4b. Highest level of education completed \_\_\_\_\_
- c. Current Degree Program Enrolled In:       Associate Degree       Bachelor Degree  
 Graduate Studies (Part-time funding only)       Other (Specify) \_\_\_\_\_
- d. Projected Graduation Date (Month and Year) \_\_\_\_\_
- e. Have you ever applied to the Educational Assistance Program before?       YES     NO (If no, Prom Note required)
5. Are you a resident of Pennsylvania as stated in Section III, 2.e?       YES     NO
- 6a. Enter the name and address of the institution of higher learning you will attend:

\_\_\_\_\_ Full Name of School/Branch Campus **(DO NOT ABBREVIATE)**

\_\_\_\_\_ City/State

b. Educational Costs:

Full-time students should enter tuition costs per semester/quarter \$ \_\_\_\_\_

Part-time students should enter tuition costs per credit or per clock hour \$ \_\_\_\_\_

- c. If attending a community college, do you reside in a sponsoring district?       YES     NO

7. Indicate below the **NUMBER OF CREDITS** or **CLOCK HOURS** you will be taking for each term:

FALL 2013 Credits/Hrs \_\_\_\_\_ WINTER (quarter schools only) Credits/Hrs \_\_\_\_\_ SPRING 2014 Credits/Hrs \_\_\_\_\_

SUMMER 2014 Credits/Hrs \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

8. Are you enrolled in on-line, correspondence/distance learning classes? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Indicate your year in college during this application: (check one)
- a. FIRST \_\_\_\_\_ b. SECOND \_\_\_\_\_ c. THIRD \_\_\_\_\_ d. FOURTH \_\_\_\_\_ e. FIFTH \_\_\_\_\_
10. You will be enrolled in a program of study that is: (check one)
- \_\_\_\_\_ a. Less than one academic year in duration (less than 900 clock hours or 30 semester credits of instruction).  
➤ Indicate credits or clock hours for total program \_\_\_\_\_.
- \_\_\_\_\_ b. At least one academic year but less than two years in duration (between 900 and 1800 clock hours or 30 to 60 semester credits of instruction).  
➤ Indicate credits or clock hours for total program \_\_\_\_\_.
- \_\_\_\_\_ c. Two academic years in duration (including programs of 1800 or more clock hours and all associate degree programs).
- \_\_\_\_\_ d. More than two academic years in duration (including baccalaureate degree programs).
11. Enter the name of your program of study: \_\_\_\_\_

### **STATEMENT OF CERTIFICATION AND AUTHORIZATION**

By signing this application for the Pennsylvania National Guard Educational Assistance Program, I hereby affirm that the signature below constitutes acceptance of the statement of certification and authorization found in Section III, which is incorporated herein by reference and which I have read, understand, agree to, and certify.

**I understand that failure to complete my 6-year obligation with the Pennsylvania National Guard will require recoupment of all monies paid in accordance with the terms of my promissory note.**

\_\_\_\_\_  
Signature of Member of Pennsylvania National Guard

\_\_\_\_\_  
Date

### **SECTION II - UNIT COMMANDER'S CERTIFICATION**

1. Statement: I certify that the above applicant is a member in good standing of the Pennsylvania National Guard and has completed basic training. I further certify the application is complete. I have fully explained Section III, paragraph 3 to the soldier.
2. Typed name and rank of unit commander: \_\_\_\_\_
3. Signature of unit commander: \_\_\_\_\_
4. Does member have Adverse Action Flag/s: Yes \_\_\_\_\_ No \_\_\_\_\_
5. Unit POC and telephone number: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION III - CONDITIONS**

**ACKNOWLEDGMENT.** In connection with my (enlistment) (appointment) (extension) in the Pennsylvania National Guard, I hereby make application for the Pennsylvania Educational Assistance Program (EAP). I acknowledge that:

1. I was required to sign a six-year enlistment/extension in the PENNSYLVANIA NATIONAL GUARD to be eligible to apply for the EAP and I must be an eligible member prior to the 1st day of class. I understand that I must apply every year and that EAP awards are contingent upon availability and annual approval of state funding.
2. I meet the following eligibility criteria:
- a. I signed the Educational Assistance Program Statement of Understanding with my six year extension/enlistment or Officer Service Agreement.
- b. I do not have a baccalaureate degree. (Full-time Students Only)
- c. I am enrolled in an approved degree or certificate-granting program at an approved institution of higher education in Pennsylvania.
- d. I completed basic training or its equivalent.
- e. I am a qualified domiciliary (resident) of Pennsylvania.  
Domicile is a person's true fixed, and permanent home, the place in which the person normally resides and to which the person intends to return whenever absent. You should check "Yes" only if you have been and continue to be a bona fide domiciliary of Pennsylvania, exclusive of any period of time you spent while enrolled in an educational institution if you came into or remained in Pennsylvania for the purpose of attending a school or college.
- f. I am not receiving an active duty ROTC scholarship.

- 3. 6-yr. Obligation. With this application I understand I must serve satisfactorily as prescribed by all regulatory guidance of the Pennsylvania Army and/or Air National Guard. Failure to complete my 6-yr obligation will require recoument of all monies paid in accordance with the terms of my promissory note.
- 4. Payment of Educational Assistance, provided funding is approved, will be as follows:
  - a. FULL-TIME STUDENTS (12 credits or more per semester or the equivalent at a quarter school or clock hour institution)  
The lesser of:
    - (1) The tuition of the approved institution of higher learning for the approved program of education in which the member is enrolled; or
    - (2) The tuition charged to a resident of the Commonwealth at a member institution of the State-System of Higher Education for the same academic year.
  - b. PART-TIME STUDENTS WITHOUT A BACHELOR'S DEGREE (3-11.9 credits per semester or the equivalent at a quarter school or clock hour institution)  
The lesser of:
    - (1) The tuition for the part-time course of study in which the member is enrolled; or
    - (2) Two-thirds of the tuition charged to a resident of the Commonwealth at a member institution of the State-System of Higher Education for the same academic year.
  - c. PART-TIME STUDENTS WITH A BACHELOR'S DEGREE (3-11.9 credits per semester or the equivalent at a quarter school or clock hour institution)  
The lesser of:
    - (1) One-half of the tuition for the part-time course of study in which the member is enrolled; or
    - (2) One-third of the tuition charged to a resident of the Commonwealth at a member institution of the State-System of Higher Education for the same academic year.
- 5. I understand that I am obligated to immediately report any enrollment changes that result in my enrollment status changing from full-time to part-time or part-time to full-time. I must do this by completing, signing, and submitting a Change of Enrollment Form to my unit of assignment. I am also obligated to notify both my unit of assignment and my school of any plans to cancel enrollment. This must be done before the school's drop/add period ends.

**★ THE PRIVACY ACT AND USE OF YOUR SOCIAL SECURITY NUMBER ★**

The Privacy Act of 1974 requires that each federal, state or local agency that asks for your social security number or other information must tell you the following:

- 1. Its legal right to ask for the information and whether the law says you must give it;
- 2. What purpose the agency has in asking for it and how it will be used; and
- 3. What could happen if you do not give it.

The number is needed to be sure we know who you are, to process your application, and to keep track of your record. We use your social security number in recording information about your college attendance and progress; and in making sure that you have received your money. If you do not give us your social security number, you will not receive aid under the Pennsylvania National Guard Educational Assistance Program.

Pennsylvania National Guard EAP applicants are hereby advised that disclosure of their social security number is a requirement and a condition for participation in the Pennsylvania Education Assistance Program. The Agency, without such an identifier, would have difficulty in maintaining proper program records. Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's social security account number where the agency required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1966 with Form S-1A-66 (First Application), applicants have been required to answer all questions completely or face disqualification for grant assistance. All subsequent forms utilized by PHEAA contain the social security account number as the identifier of the applicant, including award announcements forwarded to the student and the financial aid officer of the postsecondary institution.

**★ AUTHORIZATION AND UNDERSTANDING ★**

By signing the application, I authorize the Pennsylvania National Guard to release any data on this application to PHEAA and authorize PHEAA to make public announcement of any EAP Grant or rejection for EAP Grant made to the applicant, to forward to the postsecondary institution(s) which the applicant listed or subsequently indicates that the applicant may attend and to others administering financial aid which may bear on eligibility under the application, all information of the application and all information subsequently submitted to or acquired by the Agency. I also authorize and direct the Director of the Pennsylvania Department of Revenue, Bureau of Individual Taxes, to submit to PHEAA a certified copy or extract of my Pennsylvania Income Tax Return(s) filed for the year(s) designated by PHEAA and, to direct other federal, state and local government agencies to release to PHEAA information in their possession which may bear on my eligibility under the application. I understand that all documents submitted to PHEAA become the property of PHEAA and cannot be returned. I declare under penalty of the criminal laws of the Commonwealth of Pennsylvania that the application has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

I, the applicant, authorize and direct the educational institution at which I am enrolled to release to the Department of Military and Veterans Affairs and PHEAA, any records or other information in the possession of the institution or any of its officers or agents related to my enrollment, tuition charges, residency or other issues that bear upon my eligibility for the Pennsylvania National Guard Educational Assistance Program.

I have read and understand each of the statements above and understand that they are intended to constitute all promises or agreements whatsoever concerning my Educational Assistance Program. No other promises, representations, or commitments have been made to me with my application. I understand my application must be approved by both the Department of Military and Veterans Affairs and the Pennsylvania Higher Education Assistance Agency. In addition I understand that completing this application is not a guarantee of approval or availability of funds. I further certify that the foregoing information is true and correct to the best of my knowledge.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_