State of Wisconsin Department of Military Affairs

State Budget & Finance Section DMA- 6189 (R.4/2024)

Department of Military Affairs

2400 Wright Street

Madison, WI 53708

Phone: 608-242-3000

WISCONSIN NATIONAL GUARD TUITION GRANT APPLICATION

*Application complies with* Wis. Stat. § 321.40*. Completion of the form is voluntary; however, lack thereof will prevent grant processing. Provision of your social security number (SSN) is mandatory per* Wis. Stat. § 321.40*. Your SSN will be used for identity verification purposes. If you do not provide it, your grant application cannot be processed.*

SECTION 1: STUDENT PORTION

**Instructions: 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. 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 and denied if the student is delinquent in child support or maintenance payments. Wis. Stat. § 49.854(2)(b).

Please enter the following information:

|  |
| --- |
| Full Social Security Number:  |
| Full Name (First, Middle and Last):  |
| Date of Birth:  |
| Address:  |
| Phone Number:  |
| Email:  |
| Guard Membership: | Army Air |
| School Name: |  |
| Academic Term Dates From: |  |
| Academic Term Dates To: |  |

I certify that:

1. I will direct all grant questions to the DMA Tuition Grant Administrator 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
4. I do not have a Bachelor’s Degree
5. I must be an actively drilling WI Guard Member, but not an Officer, at the time of application, and upon the completion of this term
6. I cannot apply for this grant simultaneously with VetEd or the WI GI Bill
7. I may receive up to 8 semesters of tuition reimbursement, with the exception of degrees that require 5 years/10 semesters
8. If I do not fulfill my military contract or my eligibility changes during the term, DMA will pursue recoupment for all grants awarded
9. Most out-of-state schools and online schools do not qualify for this grant
10. I will contact DMA to inquire if my school qualifies for this grant or consult the qualifying school list at https:dma.wi.gov/DMA/support/education.

Student’s Initials: Date:

Office use only: DMA STATE BUDGET AND FINANCE PORTION

Voucher:

Date Processed: Completed by:

Student name: Student’s last four digits of SSN

SECTION 2A: SCHOOL PORTION

The School’s Registrar or Veteran’s Representative certifies this form for the above-named student and term. The school keeps a copy and submits this application within 90 days of the term completion to- Email: Addison.tryon@widma.gov or Fax: 608-242-3154. Direct questions to the DMA Tuition Grant Administrator at 608- 242-3159.

|  |
| --- |
| School name: USDOE federal school code:Beginning date of current/most recent term: Ending date of current/most recent term:Number of credits: |
| Tuition paid by student: $ (No segregated fees, CEUs)  |

1. Did the student achieve satisfactory academic progress?  Yes  No
2. Did the applicant have a Bachelor’s Degree prior to this most recent term?  Yes  No
3. During the term dates on this application, the student is receiving a major in

Official’s Name: Official’s Phone:

Authorized Official’s Signature: Date:

SECTION 2B: SCHOOL RECERTIFY PORTION- Only complete this section if instructed by DMA

Did the student achieve satisfactory academic progress as of the end of the term? Yes

No

Comments:

Official’s Name: Authorized Official’s Signature: Date:

SECTION 3A: MILITARY PORTION

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

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| --- |
| Pay Grade: |
| Unit Code: |
| Enlisted Date: |
| Education Code: |
| ETS: |

Official’s Name: Date Certified:

Authorized Official’s Signature: Comments:

SECTION 3B: MILITARY RECERTIFY PORTION- Only complete this section if instructed by DMA

1. Has any of the information in SECTION 3A: MILITARY PORTION changed as of the end of the term? If yes, please provide updated details below? Yes No
2. Is the applicant flagged or AWOL? Yes No Comments: Official’s Name:

Authorized Official’s Signature: Date: