



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.

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: _____