



CNG EAAP INITIAL APPLICATION

20XX-XX

TO BE COMPLETED BY THE APPLICANT (Print or Type)

1. Last Name _____	First Name _____	MI _____	2. Grade _____	3. Social Security Number * _____
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4. Mailing Address _____	City _____	State _____	ZIP Code _____	5. Years of Service in CNG / SMR / Naval Militia _____ Yrs
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6. Date of Birth (mm/dd/yyyy) _____	7. Phone Number _____	8. Currently accepted, registered, or enrolled in: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Certificate / Diploma <input type="checkbox"/> Graduate Studies	9. E-mail Address _____
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10. I am an active member of the

<input type="checkbox"/> California National Guard	<input type="checkbox"/> Army National Guard
<input type="checkbox"/> State Military Reserve	<input type="checkbox"/> Air National Guard
	<input type="checkbox"/> State Military Reserve
	<input type="checkbox"/> Naval Militia

11. I have been accepted to, registered at, or enrolled in, a qualifying institution for the:

_____ FALL 2020 _____ WINTER 2020 _____ SPRING 2021 _____ SUMMER 2021

(Enter QT for Quarter Time, HT for Half Time, TT for Three Quarter Time, or FT for Full Time Enrollment)

Name of institution _____

8-digit school code _____

Housing Plans On Campus Off Campus With Parent

School code can be found at www.csac.ca.gov Look under Quick Hits Link for "Search For Cal Grant Eligible School"

Desired Certificate/Degree/Diploma: _____

Expected Completion Date (Month/Year): _____

12. Have you submitted a 2020-2021 Free Application for Federal Student Aid (FAFSA) to the U.S. Department of Education? (REQUIRED) YES NO

13. If you are eligible for both CNG EAAP and Cal Grant Award, which award would you prefer? (By law, you cannot receive disbursements from both awards during the same academic year.)

CNG EAAP CAL GRANT

14. GI Bill benefits you will receive: (enter specific amount for each applicable Term)

FALL: \$ _____ WINTER: \$ _____

SPRING: \$ _____ SUMMER: \$ _____

15. Other federal educational benefits/tuition Assistance for veterans you will receive: (enter specific amount for each applicable term)

FALL: \$ _____ WINTER: \$ _____

SPRING: \$ _____ SUMMER: \$ _____

The following information is for California Student Aid Commission statistical reporting purposes only: (REQUIRED)

16. Gender Male Female

17. I describe myself as one of the following:

<input type="checkbox"/> (01) African American	<input type="checkbox"/> (07) Filipino	<input type="checkbox"/> (13) Guamanian or Chamorro
<input type="checkbox"/> (02) Latino, Chicano	<input type="checkbox"/> (08) Japanese	<input type="checkbox"/> (14) Samoan
<input type="checkbox"/> (03) Native American	<input type="checkbox"/> (09) Korean	<input type="checkbox"/> (15) Other Pacific Islander*
<input type="checkbox"/> (04) Caucasian	<input type="checkbox"/> (10) Vietnamese	<input type="checkbox"/> (16) Other _____
<input type="checkbox"/> (05) Asian Indian	<input type="checkbox"/> (11) Other Asian*	
<input type="checkbox"/> (06) Chinese	<input type="checkbox"/> (12) Native Hawaiian	

*Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
**Print race, for example, Fijian, Tongan, and so on.

BY MY SIGNATURE I UNDERSTAND AND AGREE THAT I:

- must submit a FAFSA for the academic year that he or she is applying for by the application deadline; or for applicants being considered for any excess awards** that the FAFSA will be completed for the academic year he or she is applying for prior to being accepted into the program;

- ~~will use the award to obtain a certificate, degree, or diploma that I do not hold at this time;~~
- ~~will maintain enrollment in at least three (3) academic units per semester, or the equivalent thereof;~~
- ~~will maintain at least a 2.0 cumulative grade point average (GPA) and enrollment in an eligible institution;~~
- ~~shall not receive disbursements from both a CNG EAAP Award and any Cal Grant Award for the same academic year;~~
- ~~must elect between an award under the CNG EAAP and any Cal Grant Award for the same academic year;~~
- ~~am currently an active member of, and has served two years in, the California National Guard, the State Military Reserve, or the Naval Militia;~~
- ~~will remain an active member in the California National Guard, State Military Reserve or the Naval Militia throughout the period I participate in the CNG EAAP;~~
- ~~will comply with all applicable laws and regulations applicable to the program; and~~
- ~~understand the funding appropriations are contingent upon approved California budget acts.~~

~~I declare under penalty of perjury, under the laws of the State of California that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in the application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial to participate in the program and subject to prosecution under the Uniform Code of Military Justice.~~

~~I authorize the California Student Aid Commission and the California Military Department to receive and release any student records and any application information between institutions and appropriate public and private agencies. I will provide documentation to verify all information provided, if requested.~~

Applicant's Signature

Date

G-162

~~* See Attached State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number~~

~~** "Excess Awards" means awards issued to eligible applicants after the deadline established by Section 30731 until all available awards are exhausted or the Adjutant General no longer has authority to make awards, which ever is earlier.~~



CMD GI BILL INITIAL APPLICATION 20XX-XX



California Military Department GI Bill Award Program

TO BE COMPLETED BY THE APPLICANT (Print or Type)

<u>1. Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>2. Grade</u>	<u>3. DOD ID</u>	<u>4. Social Security Number*</u>
<u>5. Mailing Address</u>					<u>6. Years of Service in California Military Department</u>
					____ <u>Yrs</u>
<u>7. Date of Birth</u> (mm/dd/yyyy)	<u>8. Phone Number</u>	<u>9. Will be registered or enrolled in:</u>			<u>10. E-mail Address</u>
		<input type="checkbox"/> Certificate / Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Doctorate			

11. I am an active member of the

<input type="checkbox"/> <u>California National Guard</u>	<input type="checkbox"/> <u>California Army National Guard</u>
<input type="checkbox"/> <u>California State Guard</u>	<input type="checkbox"/> <u>California Air National Guard</u>
	<input type="checkbox"/> <u>California State Guard</u>

12. I will be registered at or enrolled in a qualifying institution for the

_____ FALL 20XX _____ WINTER 20XX _____ SPRING 20XX _____ SUMMER 20XX
 (Enter QT for Quarter Time, HT for Half Time, TT for Three-Quarter Time, or FT for Full Time Enrollment)

Name of institution _____

8-digit school code _____

Housing Plans On Campus Off Campus With Parent

Desired Certificate/Degree/Diploma (include subject area): _____

Expected Completion Date (Month/Year): _____

Prior Degree(s) Received (Bachelor's, Graduate, or Doctoral): _____

Completion Date(s) (Month/Year): _____

13. Have you submitted a 20xx-20xx Free Application for Federal Student Aid (FAFSA) to the U.S. Department of Education? (REQUIRED)

YES NO

14. If you are eligible for both CMD GI Bill and Cal Grant Award, which award would you prefer? (By law, you cannot receive disbursements from both awards during the same academic year.)

CMD GI Bill CAL GRANT

15. Type of Federal GI Bill benefits you will receive: (enter specific amount for each applicable term)

FALL: \$ _____ WINTER: \$ _____ SPRING: \$ _____ SUMMER: \$ _____

Ch. 33 - Post 9/11 GI Bill (including under Fry Scholarship): Percentage Receiving _____ %

Program entirely through distance learning Yes No

If no, zip code of institution attending: _____

Yellow Ribbon Program Yes No Fry Scholarship Yes No STEM Scholarship Yes No

Ch. 30 - Montgomery GI Bill - Active Duty (MG-AD):

Enlistment of (check one): Less than 3 years 3 or more years

Ch. 1606 - Montgomery GI Bill - Selected Reserve (MG-SR)

Funds from the College Fund ("Kicker") or the \$600 Buy-Up Program: \$ _____ per month

Other _____ (Chapter and name)

16. Other federal educational benefits/tuition assistance for veterans you will receive: (enter specific amount for each applicable term)

FALL: \$ _____ WINTER: \$ _____ SPRING: \$ _____ SUMMER: \$ _____

Ch. 31 - Vocational Rehabilitation & Employment (VR&E) Program

Ch. 32 - Veterans Educational Assistance Program (VEAP): \$ _____ contributed for _____ months

Ch. 35 - Dependents' Educational Assistance (DEA) Federal Tuition Assistance (FTA)

The following information is for California Student Aid Commission statistical reporting purposes only: (REQUIRED)

17. **Gender** Male Female

18. I describe myself as one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> (01) African American | <input type="checkbox"/> (07) Filipino | <input type="checkbox"/> (13) Guamanian or Chamorro |
| <input type="checkbox"/> (02) Latino, Chicano | <input type="checkbox"/> (08) Japanese | <input type="checkbox"/> (14) Samoan |
| <input type="checkbox"/> (03) Native American | <input type="checkbox"/> (09) Korean | <input type="checkbox"/> (15) Other Pacific Islander ² - _____ |
| <input type="checkbox"/> (04) Caucasian | <input type="checkbox"/> (10) Vietnamese | <input type="checkbox"/> (16) Other _____ |
| <input type="checkbox"/> (05) Asian Indian | <input type="checkbox"/> (11) Other Asian ¹ - _____ | |
| <input type="checkbox"/> (06) Chinese | <input type="checkbox"/> (12) Native Hawaiian | |

¹ Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

² Print race, for example, Fijian, Tongan, and so on.

BY MY SIGNATURE I UNDERSTAND AND AGREE THAT I:

- must submit a FAFSA for the academic year that I am applying for by the application deadline; or for applicants being considered for any excess awards** that the FAFSA will be completed for the academic year I am applying for prior to being considered for an award;
- must submit the California Military Department GI Bill Award Program Statement of Understanding for the academic year that I am applying for by the application deadline; or for applicants being considered for any excess awards** that the California Military Department GI Bill Award Program Statement of Understanding will be completed for the academic year I am applying for prior to being considered for an award;
- must submit the Service Commitment Acknowledgement form by the application deadline; or for applicants being considered for any excess awards, that the Service Commitment Acknowledgement form will be completed prior to being considered for an award;
- must submit the Letter of Recommendation form by the application deadline, or if the Letter of Recommendation is not completed by the application deadline but I have completed the other steps, then I will be considered for an excess award;
- will use the award to obtain a certificate, degree, or diploma that I do not hold at this time;
- will maintain enrollment in at least three (3) academic units per semester, or the equivalent thereof;
- will maintain at least a 2.0 cumulative grade point average (GPA) and enrollment in an eligible institution;
- shall not receive disbursements from both a CMD GI Bill Award and any Cal Grant Award for the same academic year;
- must elect between an award under the CMD GI Bill and any Cal Grant Award for the same academic year;
- am currently an active member of the California Military Department (California Army or Air National Guard, the California State Guard, or the California Naval Militia), agree to continue to be an active member of the California Military Department, and agree to serve two years in the California Military Department upon completion of the last academic period that I use educational assistance under this program;
- agree to complete my course of study within 10 years of initial acceptance into the program;
- have not previously participated in the program and obtained a baccalaureate, graduate, or doctoral degree;
- will comply with all applicable laws and regulations applicable to the program; and
- understand the funding appropriations are contingent upon approved California budget acts.

I declare under penalty of perjury, under the laws of the State of California that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in the application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial to participate in the program and subject to prosecution under the Uniform Code of Military Justice. I authorize the California Student Aid Commission and the California Military Department to receive and release any student records and any application information between institutions and appropriate public and private agencies. I will provide documentation to verify all information provided, if requested.

Applicant's Signature

Date

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* See Attached State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number

** "Excess Awards" means awards issued to eligible applicants who completed the application process after the deadline established by Section 30731. Excess awards will be offered until all available awards are exhausted or until the Adjutant General no longer has authority to make awards.

State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about them. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained of this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The Social Security Number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of the policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.