

**California National Guard Education Assistance Award Program** 

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CNG EAAP INITIAL APPLICATION

# <del>20XX-XX</del>

BE COMPLETE						
. Last Name	First	Name M	1 2. G	rade 3	Social Security Number	*
1. Mailing Address	City	St	tate ZIP	Code 5	Years of Service in	
				=	-CNG / SMR / Naval Mili	tia Y
.Date of Birth	7. Phone Number	8 Current1	y accepted,	<u> </u>	E-mail Address	
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		— 🗆 Gradua	te Studies			
<del>. I am an <u>active</u></del>	<u>member</u> of the					
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State Militar			ational Cuar			
	19 1.000170		Military Re			
			-Militia	201 00		
1. I have been ad	cepted to, regis	tered at, or (	enrolled in,	<del>a qualif</del>	ying institution for	<del>the:</del>
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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 vear;
- 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.

uppricanc 3 big	<del>plicant's Signature</del>			Date			
G-162	* See Attached St	ate of Calife	ornia Information	Practices Act	(IPA) of 1977 & U	se of Your Social Se	curity Number
	** "Excess Awards'	means award:	s issued to eligi	ble applicants	after the deadlin	e established by Sec	stion 30731 until al

available awards are exhausted or the Adjutant General no longer has authority to make awards, which ever is earlier.



# <u>CMD GI BILL INITIAL APPLICATION</u> 20XX-XX

## CSAC CALIFORNIA STUDENT AID COMMISSION

TO BE COMPLET	ED BY THE ADDI	TCANT	U (Drint of		
<u>1. Last Name</u>	First Name		<del>2. Grade</del>	<del>3. DOD ID</del>	4. Social Security Number*
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5. Mailing Addres	s <u>City</u>		State	<u>ZIP</u>	6. Years of Service in
		_			California Military Department
					<u>Yrs</u>
7. Date of Birth	8. Phone Number	<u>0 wi</u> 1	l be register	od on	10. E-mail Address
(mm/dd/yyyyy)			ed in:		<u>10. 1 maii maicob</u>
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			<del>raduate Studi</del>	<del>es</del>	
			<del>ostorate</del>		
<del>11. I am an <u>active</u></del>	<u>member of the</u>				
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	ia State Cuard				thit hattonat Gaara
					<del>rnia State Guard</del>
					Inita Deale Gaara
<u>12. I will be reg</u>	istered at or enro	lled in	<del>a qualifying</del>	<del>; institution</del>	for the
		ITER 20X	X ST	RING 20XX	SUMMER 20XX
<del>Enter QT for</del>	Quarter Time, HT for	<del>r Half T</del> i	ime, TT for Thr	<del>ee-Quarter Tim</del>	e, or FT for Full Time Enrollment)
	itution				
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					Device the
Housing Plan	<u>e</u>	<u>mpus</u>	<del>Off Campu</del>		Parent
<u> </u>	<del>ificate/Degree/Dip</del>	<del>loma (i</del>	<del>nclude subje</del> c	<del>;t_area):</del>	
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	ate(s) (Month/Year	:):			
<b>-</b>		<u> </u>			
13. Have you submi	itted a 20xx-20xx	Free Ap	<del>plication for</del>	Federal Stud	ent Aid (FAFSA) to the
U.S. Departme	ent of Education?	(REQUIR	ED)		YES NO
					hich award would you prefer?
<u> (By 1aw, you c</u>	annot receive aiss	<del>ursemen</del>	te from poth		<del>y the same academic year.)</del>
					MD CI Bill H-CAL CRANT
<del>15. Type of Federa</del>	<del>l GI Bill benefit</del>	<del>s you w</del> i	<del>ill receive:</del>	<del>(enter specific</del>	amount for each applicable term)
<del>FALL:</del> <u>\$</u>	<u>WINTER:</u> <u>\$</u>		SPRING: \$		<u>UMMER: \$</u>
	<del>Post 9/11 GI Bill</del>	(includ:	<del>ing under Fry</del>	<del>Scholarship)</del>	: <u>Percentage Receiving</u> *
<u> </u>	<del>ntirely through di</del>			<del>8   No</del>	
If no, zig	ede of institut	<del>ion att</del> e			
Yellow Rik	<del>)bon Program 🗌 Yes</del>	No	Fry Scholars	hip 🗆 Yes 🗆 N	o STEM Scholarship 🗆 Yes 🗆 No
Ch. 30 - Montgomery CI Bill - Active Duty (MC-AD):					
	<del>. of (check one):</del> [	Less	<del>than 3 years  </del>	<del>3 or more y</del>	ears
Ch. 1606 - Montgomery CI Bill - Selected Reserve (MC-SR)					
	<del>n the College Fund</del>	("Kicke	<del>er") or the \$</del>	<del>600 Buy Up Pr</del>	ogram: \$per month
- Other					(Chapter and name)
10.01		<u> </u>			
				ance for vete	<del>rans you will receive:</del>
	ic amount for each a	<del>pp⊥icabl</del>		~	
FALL: <u>\$</u>	WINTER: \$	1 H - 1 1	<u>SPRINC:</u>		<u>UMMER: \$</u>
	Vocational Rehabil:		1 1		<u>am</u>
Ch. 32 \	/eterans Education	<del>al Assia</del>	<del>stance Progra</del>	<del>m (VEAP): \$</del>	contributed for month

Other \_\_\_\_\_

(Chapter and name)

### The following information is for California Student Aid Commission statistical

17. <u>Gender Mal</u>	<u>e                                     </u>	
<u>18. I describe myself as one</u>	of the following:	
🗆 🗆 (01) African American	🗆 (07) Filipino	🗆 (13) Guamanian or Chamorro
- (02) Latino, Chicano	🗆 (08) Japanese	
- (03) Native American	□ (09) Korean	
- (04) Caucasian		□ (16) Other
- (05) Asian Indian		
- (06) Chinese		
+ Print race, for example, Hmong, Laotian, Th	ai, Pakistani, Cambodian, 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;
- <u>have not previously participated in the program and obtained a baccalaureate, graduate, or doctoral degree;</u>
- 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/a Signature	Date		
<u>Appricant o prynaturo</u>	Date		
G-162 * See Attached State of California Info	rmation Practices Act (IPA) of 1977 & Us	e of Your Social Security Number	

\*\* Excess Awards means awards issued to drigible applicants who completed the application process after the deadline detablished 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 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.