



~~CNG EAAP RENEWAL APPLICATION~~ 2020-21



TO BE COMPLETED BY THE PARTICIPANT (Print or Type)

1. Last Name		First Name		MI	2. Grade	3. Social Security Number *	
4. Mailing Address				City		5. State	Zip Code
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	
10. I am an active member of the							
<input type="checkbox"/> California National Guard		<input type="checkbox"/> Army National Guard		<input type="checkbox"/> Air National Guard		<input type="checkbox"/> State Military Reserve	
<input type="checkbox"/> State Military Reserve		<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: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> With Parent							
School code can be found at http://www.esac.ca.gov Look under Quick Hits Link for "Search For Cal Grant Eligible School"							
12. Desired Certificate/Degree/Diploma: _____							
Expected Completion Date (Month/Year): _____							
13. If you are eligible for both CNG EAAP and Cal Grant Award, which award do you elect to receive? (By law, you cannot receive disbursements from both awards during the same academic year.)							
<input type="checkbox"/> CNG EAAP <input type="checkbox"/> CAL GRANT							
14. GI Bill benefits you will receive: (enter specific amount for each applicable term)				15. Other federal educational benefits/tuition assistance for veterans you will receive: (enter specific amount for each applicable term)			
FALL: \$ _____		WINTER: \$ _____		FALL: \$ _____		WINTER: \$ _____	
SPRING: \$ _____		SUMMER: \$ _____		SPRING: \$ _____		SUMMER: \$ _____	

BY MY SIGNATURE I UNDERSTAND AND AGREE THAT I:

- must submit the CNG EAAP Renewal Application by the deadline of 1 June, or I will be withdrawn and lose my priority ranking;
- 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 at an eligible institution;
- will maintain at least a 2.0 cumulative grade point average (GPA);
- 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;
- 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 laws and regulations applicable to the program; and
- am aware that 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~~

~~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.~~



CMD GI BILL RENEWAL APPLICATION

20xx-xx



TO BE COMPLETED BY THE PARTICIPANT (Print or Type)

1. Last Name	First Name	MI	2. Grade	3. DOD ID	4. Social Security Number *

5. Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

6. Date of Birth (mm/dd/yyyy)	7. Phone Number	8. Will be registered or enrolled in: <input type="checkbox"/> Certificate / Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Doctorate	9. E-mail Address

10. 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>
	<input type="checkbox"/> <u>California Naval Militia</u>

11. I will be accepted to, 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

12. 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. 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**

14. 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)

15. 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): \$ _____ paid for _____ months

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

ROTC Scholarship National Call to Service Program

Other _____ (Chapter and name)

BY MY SIGNATURE I UNDERSTAND AND AGREE THAT I:

- must submit the CMD GI Bill Renewal Application by the deadline of 1 June, or I will be withdrawn and lose my priority ranking;

- must submit the California Military Department GI Bill Award Program Renewal Statement of Understanding for the academic year I am applying for, or I will be withdrawn and lose my priority ranking;
- 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 at an eligible institution;
- will maintain at least a 2.0 cumulative grade point average (GPA);
- 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;
- will remain an active member in the California Military Department (California Army or Air National Guard, the California State Guard or the California Naval Militia) throughout the period I participate in the CMD GI Bill;
- must do the following, if I entered the Program as of the 2020-21 AY:
 - submit the Service Commitment Acknowledgement form by the deadline of 1 June, or I will be withdrawn and lose my priority ranking;
 - serve two years in the California Military Department (California Army or Air National Guard, the California State Guard, or the California Naval Militia) upon completion of the last academic period that I used educational assistance under this program;
 - complete my course of study within 10 years of initial acceptance into the program; and
 - not have previously participated in the program and obtained a baccalaureate, graduate, or doctoral degree;
- may utilize my remaining program eligibility pursuant to section 30734 (h) to obtain a subsequent degree if I entered the Program prior to the 2020-21 AY;
- will comply with all laws and regulations applicable to the program; and
- am aware that 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

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Date

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