# Student Application Alabama National Guard Educational Assistance Program

# You must have a FAFSA on file

NOTE: A separate application must be submitted for Date Received at ACHE each term aid is requested. SECTION I. TO BE COMPLETED BY APPLICANT IN BLACK INK (Please Print) Applicant Status: Air Guard Army Guard (Check One) 2. Social Security Number: \_\_\_\_\_ 1. Name: 5. Home Phone: 3. Birth Date: 4. Business Phone: 6. Mailing Address: Citv 7. Degree Program: 8. Undergraduate 9. Federal Veteran Benefits Available: None (Specify by Name) 10. Unit of Assignment: I certify that I meet the student eligibility requirements listed on this form, that I have never been disqualified under this program, that the information on this application is true and correct to the best of my knowledge and belief, and that any false or willful misrepresentation will disqualify me from participation in the Alabama National Guard Educational Assistance Program. I understand that if I fail to satisfy eligibility requirements for participation in the program, (i.e., termination from the Guard, unsatisfactory academic performance, or separation from the Guard within four years after receiving the last ANGEAP assistance), I will be liable for repayment of any amount received. I also understand that once my application has been approved and I do not attend school, I could jeopardize any further entitlements to educational assistance if I do not notify the Alabama Commission on Higher Education. I agree that the Alabama Military Department, the institution, and the Alabama Commission on Higher Education have my permission to verify information contained on this application. Signature of Student SECTION II. TO BE COMPLETED BY INSTITUTION -- ANNUAL AWARD AMOUNT \$2000 FAFSA on File Yes E. ANGEAP Request: B. Dates for this term are: A. Cost for Term: \_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_ (Indicate one term only) (Total in Item A) C. Indicate number of hours for Subtract **Tuition** (Total in Item D) which student is enrolled Fees this term: \_\_\_\_\_ hours **Books** \$1000 maximum per semester D. Indicate Federal Veteran **Supplies** Benefits Available: DO NOT SUBMIT IF AMOUNT IS **TOTAL** LESS THAN \$100.00 (Section I, Item 9) If none, specify NONE School OPEID Number INSTITUTION Signature of VA REP/FINANCIAL AID COORDINATOR SECTION III. TO BE COMPLETED BY STATE MILITARY DEPARTMENT I hereby certify 1) that the applicant has completed basic and advanced individual training, 2) the information on this application has been verified, and 3) the applicant meets the qualifications for participation in this program.

Date

Signature of Education Services Officer

# ALABAMA NATIONAL GUARD EDUCATIONAL ASSISTANCE PROGRAM

#### **GENERAL INFORMATION**

The Alabama National Guard Educational Assistance Program is a state student assistance program established by the Legislature of the State of Alabama and is designed to provide financial assistance to Alabama National Guard members who are residents of the State of Alabama and are enrolled in degree programs at accredited postsecondary institutions of higher learning located within the State of Alabama.

#### STUDENT ELIGIBILITY REQUIREMENTS

To be eligible for an Alabama National Guard Educational Assistance Program award the student must:

- 1) Be at least 17 years of age; and
- 2) Be an Alabama resident; and
- 3) Be an active member in good standing with the Alabama National Guard; and
- 4) Be a member of a federally recognized unit of the Alabama National Guard; and
- 5) Have completed basic training and advanced individual training; and
- 6) Be enrolled in a degree program at an accredited college, university, community college, junior college, or technical college within the State of Alabama; and
- 7) Be making satisfactory academic progress; and
- 8) Must have the Free Application for Federal Student Aid (FAFSA) on file.

# **USE OF SOCIAL SECURITY NUMBER**

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 522a) requires that when any Federal, State, or local government agency requests an individual to disclose his/her social security account number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, applicants are advised that disclosure of their social security account number (SSAN) is required as a condition for participation in the Alabama National Guard Educational Assistance Program, in view of the practical administrative difficulties which the Program would encounter in maintaining adequate program records without the continued use of the SSAN.

The SSAN will be used to verify the identity of the applicant and as an account number (identifier) throughout the life of the grant in order to record necessary data accurately. As an identifier, the SSAN is used in such Program activities as: determining Program eligibility, certifying school attendance, making and verifying grant payments, and maintaining records of grant payments.

Authority for requiring the disclosure of an applicant is SSAN is in section 7(a)2 of the Privacy Act, which provides that an agency may require disclosure of an individual's SSAN as a condition for the granting of a right, benefit, or privilege provided by law.

# APPLICATION MUST BE COMPLETED AND FORWARDED TO ONE OF THE FOLLOWING:

ALABAMA NATIONAL GUARD
ATTN: AL-ESO

PO Box 3711 Montgomery, AL 36109-0711 (ARMY) 187<sup>th</sup> AFW 5187 Selma Highway Montgomery, AL 36108-4824 (AIR) 117<sup>th</sup> ARW(AMC) 5401 E. Lake Blvd. Birmingham, AL 35217-3545 (AIR)

# **WARNING**

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR A MISREPRESENTATION FOR THE PURPOSE OF WRONGFULLY OBTAINING A GRANT HEREUNDER SHALL BE GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, BE PUNISHED AS BY LAW PROVIDED FOR A MISDEMEANOR.

The ANGEAP is a Limited Funded Program, and submission of this application does not ensure that funds will be available when application arrives at ACHE.