

**STATE TUITION ASSISTANCE REQUEST (STAR)**

Please Type Section I and submit to Education Officer		STA CONTROL #	PRI
<b>PRIVACY ACT:</b> The information requested heron is solicited for the purpose of administering the State Tuition Assistance Program and determining the eligibility of the applicant. Submission of the information is voluntary, but failure to submit all the information may not provide the approving authority sufficient information to approve the application.			
<b>SECTION I – To Be Completed By APPLICANT</b>			
NAME:		SSN:	RANK: Yrs/Mo on Current Contract:
UNIT:	SUIC:	Initial if less than 2/4 years (see agreement):	
<u>HOME (Check) MAILING ADDRESS</u>		PREFERRED PHONE:	
		EMAIL:	
<u>COLLEGE/UNIVERSITY:</u>		Expected Graduation Date (month/yr.):	
<b>MGIB ELIGIBILITY (select all that apply):</b> CH 1606 <input type="checkbox"/> CH 1607 <input type="checkbox"/> CH 30 <input type="checkbox"/> CH 33 (Post 9/11) <input type="checkbox"/>			
<b>DEGREE PURSUING (Check One)</b> AA <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> NONE <input type="checkbox"/> Masters <input type="checkbox"/> Professional <input type="checkbox"/> Vo-Tech <input type="checkbox"/>			
<b>SEMESTER: (Check One)</b> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER <input type="checkbox"/> MINIMESTER <input type="checkbox"/> YEAR:			
START DATE:		END DATE:	
COURSE NUMBER	COURSE TITLE	SEMESTER/QTR HOURS	
TUITION: (Cost/credit hour)	COURSE FEES:	TOTAL \$	
<b>CONTRACT AGREEMENT</b>			
In consideration for tuition assistance granted me. I agree to remain a member of the Maryland National Guard for at least two years for Bachelors and below and four years for Masters and above from the semester end date for which I am requesting assistance. Should I not remain an active member for any reason within my control, I will repay the MDNG all funds received by me pursuant to this application. I understand that tuition assistance is limited to one half of tuition expenses and related fees. This agreement is binding and legal action may be taken if I fail to satisfy my service obligation. I understand approval of this application is subject to funding availability. I also agree that I am not eligible for tuition assistance if I am eligible for tuition/fees and cost reimbursement from any other source.			
<b>NOTE:</b> Payment of state tuition assistance will be made to student after receipt/verification of grade of "C" or better for undergraduate course.			
<b>NOTE:</b> Grades must be received no later than 45 days after course end date to expedite reimbursement.			
DATE:	APPLICANT'S SIGNATURE		
<b>SECTION II – To Be Completed by UNIT COMMANDER (Date and Circle approved or disapproved and sign)</b>			
DATE:	APPROVED	DISAPPROVED	
SIGNATURE			
<b>SECTION III – ARMY/AIR TUITION ASSISTANCE PROGRAM REPRESENTATIVE</b>			
DATE:	PRINTED NAME AND SIGNATURE		
<b>SECTION IV - STATE EDUCATION BOARD REPRESENTATIVE</b>			
DATE:	STATE EDUCATION OFFICER'S CERTIFICATION (Circle one)	APPROVED	DISAPPROVED
AMOUNT OF STATE TUTION AUTHORIZED \$			