

All of the highlighted portions are what SM needs to complete

MDNG REG 5-6

**APPENDIX B
STATE TUITION ASSISTANCE REQUEST (STAR)**

Please Type Section I and submit to Education Office	STA Control #	Priority #
PRIVACY ACT: 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		
SECTION I - To Be Completed By APPLICANT *DOD # Should be on the back of CAC* *ETS: Day-Month-Year of when your contract ends*		
NAME:	DOD #:	RANK: ETS:
UNIT:	Expected Graduation Date (Month / Year) :	
ADDRESS CHECK WILL BE MAILED TO:	PRIMARY PHONE: ALTERNATE PHONE IF AVAILABLE:	
	PRIMARY EMAIL: ALTERNATE EMAIL IF AVAILABLE:	
COLLEGE / UNIVERSITY:	Federal Tuition Assistance Eligible :	Amount Paid:
MGIB ELIGIBILITY (select all that apply):	CH1606	CH1607 CH30 CH33 (Post 9-11)
DEGREE PURSUING (check one):	AA AS BA BS None Masters Professional Vo-Tech	
SEMESTER (check one):	SUMMER FALL WINTER SPRING	YEAR
START DATE:	(Start Date of Semester)	END DATE: (End Date of Semester)
COURSE NUMBER	COURSE TITLE	SEMESTER / CREDIT HOURS
TUITION COST:	COURSE FEES:	TOTAL COST:
CONTRACT AGREEMENT		
<p>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 assistance 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 within the agreed upon time frames. I understand that tuition reimbursement is based upon available funding and my priority status. I understand that the amount I am eligible for in reimbursement is based on total tuition and fees minus any additional grants, scholarships or other forms of aid. This program is designed to reimburse me for out of pocket tuition and course fees. This agreement is binding and legal action may be taken if I fail to satisfy my service obligation. I agree to provide all supporting requested documents in their entirety and to disclose any information needed to make a legal determination of eligibility.</p> <p>NOTE: Payment processing will occur after a Passing grade of "C" or "Pass" is provided to the Education Office. NOTE: Grades must be received no later than 45 days after course completion to ensure reimbursement eligibility.</p>		
ACKNOWLEDGMENT OF CONTRACT AGREEMENT :		CAC Sign or Wet Sign
		DATE:
ACKNOWLEDGMENT OF STAR FORM PACKAGE COMPLETION AND SUBMITTAL:		
DATE:		
SECTION II - ARMY / AIR TUITION ASSISTANCE BOARD APPOINTED REPRESENTATIVE		
APPROVED	DENIED	DATE:
AMOUNT OF STATE TUITION AUTHORIZED: \$ _____		

MDNG FORM 5-6-R (1 JULY 2020) (PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE)

Please Complete Section I before submitting this form to the Education Office.

For ARNG: MD-JFHQ-G1-ES (410-576-1499) Comm / (410-576-6082) Fax. Attn: STAR Education Services Office

For ANG: 175 WG ROM (410-918-6478) Comm / (410-918-6245) Fax. Attn: Retention Office manager