



Application Instructions for TN STRONG Act 2018



Print or save the entire packet. Follow detailed instructions regarding each item as follows:

1. **TNG STRONG Act tuition reimbursement Application Form:**
Section I - Members Information: Complete in full, blocks 1-16 as required.
Section II- Members Waiver & Certification - Read statement, sign and date as required.
Check all items included in your application packet.
Section III- Unit/Squadron Commander: Submit your application packet to your Commander for review. Commander will recommend or non- recommend, sign and date. If non-recommended, Commander is required to provide a letter outlining reasons. Include letter in application packet.
Section IV- Enrollment Certification: Take to postsecondary institution to complete.
Section V- State TA Manager Review: Completed by State Tuition Assistance Manager ONLY
2. **TNG STRONG Act tuition reimbursement State of Understanding (SOU):**
Applicants must read and initial each paragraph, sign and date as required.
3. **TNG STRONG Act Tuition Reimbursement Authorization for Release Form:**
Print member name and last 4 of SSN. Read statements, initial each paragraph, complete postsecondary institution information, sign and date as required. **The postsecondary institution version of FERPA will be accepted.**

Once application packet is complete, upload as one document and email to either Air or Army mailboxes relevant to your branch of service.

Air email: ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil

Army email: ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil

Questions? Use the contact sheet to contact our State Tuition Assistance Managers.



TN STRONG Act Contact Information

Website for current TN STRONG Act information:

<http://tn.gov/military/section/education-incentives>



SFC Edward Mosher - Army State Tuition Assistance Manager

Telephone: 615-313-2697 Email: edward.p.mosher.mil@mail.mil

SSG Chad Lee - Army State Tuition Assistance Manager

Telephone: 615-313-0737 Email: joseph.c.lee12.mil@mail.mil

Army email: ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil

TSgt Joseph Wilson - Air Guard State Tuition Assistance Manager

Telephone: 615-313-0849 Email: joseph.wilson82.mil@mail.mil

Air email: ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil



Tennessee National Guard Application for the STRONG Act Tuition Reimbursement Program

“This document contains information exempt from mandatory disclosure under the FOIA. Exemption 5 U.S.C. 553(b) (6) applies. This document also contains personal information that is protected by the Privacy Act of 1974 and must be safeguarded from unauthorized disclosure”

SECTION I – MEMBER’S INFORMATION

<u>1. Member’s Name (Last, First, MI):</u>	<u>2. Gender (M/F)</u>	<u>3. Date of Birth (YYYYMMDD)</u>	<u>4. Rank/Grade</u>	<u>5. SSN:</u>
<u>6. Permanent Home Address:</u>		<u>7. City</u>	<u>8. State:</u>	<u>9. Zip Code:</u>
<u>10. Phone Number (Home, Cell, Work)</u>		<u>11. Valid Email Address (Work, Civilian, Military)</u>		
<u>12. Unit of Assignment / City:</u>		<u>13a. Branch Of Service:</u> <input type="checkbox"/> Air Guard <input type="checkbox"/> Army Guard <u>13b. Duty Status:</u> <input type="checkbox"/> Traditional <input type="checkbox"/> Active Guard Reserve(AGR)		
<u>14. Highest Level of Education Completed:</u> <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Associate’s Degree <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor’s Degree		<u>15. Enlistment Date: (YYYYMMDD)</u>	<u>16. ETS Date: (YYYYMMDD)</u>	

SECTION II – MEMBERS WAIVER & CERTIFICATION

By signing this form, I agree to have my transcript, itemized bill and withdrawal information released to the TNG JFHQ A-1/JFHQ G-1. I understand that my acceptance for the STRONG Act tuition reimbursement program is based upon availability of funding. I have carefully read the attached SOU and all questions have been explained to my satisfaction.

<u>Member’s Signature:</u>	<u>Date Signed (YYYYMMDD):</u>
----------------------------	--------------------------------

The following documents must be submitted with this application for it to be considered for funding.

- Statement of Understanding (SOU) Course/Degree Plan (if applicable) Authorization to Release (FERPA)

SECTION III – UNIT/SQUADRON COMMANDER

I certify that the Member is a satisfactory participant in good standing with less than 9 unexcused absences from UTAs within any 12 month period with my respective unit as prescribed in AR 135-91, AR 350-1, or AFI 36-3209 . Further I certify that he/she meets the eligible criteria outlined in Rule 0930-02-01 of the policy for the STRONG Act Program.

<input type="checkbox"/> Recommend <input type="checkbox"/> Non-Recommend	<u>Date Signed (YYYYMMDD)</u>
<u>Commander’s Printed Name:</u>	<u>Commander’s Signature:</u>



Tennessee National Guard
STRONG Act Tuition Reimbursement
Statement of Understanding



Applicants must initial each paragraph indicating the acceptance of this Agreement.

I understand to be eligible for STRONG Act tuition reimbursement, I must be a member of the Tennessee National Guard and have not missed a *ship date* * to begin **basic military training** prior to current course start date.

_____ (Applicant's Initials)

I must serve in the Tennessee National Guard beyond the **end of the term for the academic period** for which STRONG Act tuition reimbursement is requested. _____ (Applicant's Initials)

I understand that I must **first apply and exhaust ALL Federal Tuition Assistance (FTA)** when eligible before submitting my application for STRONG Act tuition reimbursement _____ (Applicant's Initials)

I have **not** previously received a Bachelor's Degree from an accredited postsecondary institution.
_____ (Applicant's Initials)

I have not received nor have I applied for STRONG Act tuition reimbursement, which exceeds or will exceed more than **120 credit hours, 8 full-time semesters or equivalent** if the educational institution is on a system other than a semester system. _____ (Applicant's Initials)

I understand that I must successfully **complete all courses and maintain a GPA of 2.0** for the academic period that STRONG Act tuition reimbursement is being sought. _____ (Applicant's Initials)

I understand if STRONG Act Tuition reimbursement is approved, it shall **not exceed the actual tuition charged** by my chosen postsecondary institution approved to receive state or federal funds.
_____ (Applicant's Initials)

The STRONG Act tuition reimbursement must be **paid to an educational institution**, not to the individual. An educational institution is defined as in Annex C. _____ (Applicant's Initials)

After submission of my application packet, **I must report any changes immediately** to the State Tuition Assistance Manager to include withdrawals or adding additional courses. Course cost will not be covered after the schools official withdrawal date. _____ (Applicant's Initials)

I understand that I must provide a **copy of final grades and itemized bill** for the academic period in which I have submitted an application packet for STRONG Act tuition reimbursement. This constitute a **complete application packet**. _____ (Applicant's Initials)

(**ship date* for purposes of this program refers to the date a TNG Member departs to begin **basic military training**.)



Tennessee National Guard
STRONG Act Tuition Reimbursement
Statement of Understanding



If I am currently attending or have attended a postsecondary institution, I will **provide a current transcript** to the State Tuition Assistance Manager. _____ (Applicant's Initials)

I understand that it is my **sole responsibility** to submit all required documentation, as part of a complete application packet to ensure proper and timely processing. _____ (Applicant's Initials)

I understand that my application packet must be submitted **within 90 days of course completion date** to the State Tuition Assistance Manager to allow for adequate time to evaluate my application, identify any discrepancies, and send out necessary notifications. _____ (Applicant's Initials)

I understand that if my application is submitted **late** for any reason then it will be rejected. **Approval** for STRONG Act tuition reimbursement is subject to **availability of funding**. _____ (Applicant's Initials)

I understand if use of STRONG Act tuition reimbursement **results in a degree (Associates or Bachelors)**, I am required to provide a copy of the degree to the State Tuition Managers for data purposes. _____ (Applicant's Initials)

Questions regarding the program, application process, or payment information should be directed to the State Tuition Assistance Manager. _____ (Applicant's Initials)

I have read and understand that if I do not comply with all of the above, I will not be approved for STRONG Act tuition reimbursement. _____ (Applicant's Initials)

I understand that the STRONG Act tuition reimbursement program is subject to appropriations set by the Tennessee State Legislature and limitations are set forth in Public Chapter No. 229. _____ (Applicant's Initials)

Applicant's Signature _____

Date _____



Tennessee National Guard
STRONG Act Tuition Reimbursement
Authorization for Release Form



Student Name: _____ **SSN: XXX-XX-**_____

This form allows students to authorize the release of confidential academic, financial aid, discipline, and student account information otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to designated person(s). These designated person(s) will have access to the student’s grades and progress reports, certain disciplinary records, and other information related to academic progress, financial aid, and student financial accounts.

In an attempt to handle requests for grades, account balances and/or financial aid information, etc. we are requesting that the student complete this form at the time of registration. This release will allow the chosen postsecondary institution listed below to discuss this information with the Tennessee National Guard without a delay.

If for any reason, I decide to change any information on this form, I must notify my chosen postsecondary institution immediately.

Authorization: Initial the following boxes and complete requested information below:

_____ Under the Family Educational Rights and Privacy Act (FERPA), the postsecondary institution listed below is permitted to disclose information from your education records to the Tennessee National Guard with your consent. By signing this form you agree to allow your institution to release information from your academic records. I consent to the disclosure of any personally identifiable information from my education records to the Tennessee National Guard, as my institution finds appropriate.

_____ I hereby authorize the release of my grades, when available, to the Tennessee National Guard

_____ I hereby authorize the release of information related to my student account and financial aid received, including oral and/or written communication with the postsecondary institution listed below, as requested.

Postsecondary Institution Name: _____

Postsecondary Institution POC: _____

Student’s Address _____

Student’s Signature: _____ Date: _____