

Ferris State University Office of Scholarships & Financial Aid
MICHIGAN NATIONAL GUARD TUITION GRANT APPLICATION

This Space For Office Use Only – Please leave blank

Deadline dates for filing: Fall-August 15, Spring-December 15, Summer-April 15

Name _____ Social Security No. _____
Address _____ Phone # (____) _____
City _____ State _____ Zip Code _____

Enrollment Status at FSU:

____ Undergraduate ____ Graduate ; Number of credit hours you plan to take during the semesters for which you are requesting aid.
____ Fall ____ Credit Hours ____ Spring ____ Credit Hours ____ Summer ____ Credit Hours

Financial Information:

*Summer contingent upon availability of funds

Have you filed the Free Application for Federal Student Aid (FAFSA) for period requested? ____Yes ____No
Please note that your scholarship will not apply against your student account until you have submitted a current year FAFSA and have completed all requested requirements in order to receive a FSU Financial Aid Award Notice.

Have you contacted the FSU VA Certifying Officer in the Office of Admissions & Records and completed a VA Form 22-1990 Application for Educational Benefits? ____Yes ____No If no, please indicate the anticipated date when you intend to complete this form: _____

Statement of Compliance:

I am eligible for the GI Bill. ____Yes ____No

After I submit this application if it is determined that I am not eligible to receive the G.I. Bill benefit, which is a requirement to receive the scholarship, money received from this scholarship will be removed from my student account by the FSU Financial Aid Office.

The information on this form is true and complete to the best of my knowledge.

Student's Signature _____ **Date** _____

SUBMIT THIS FORM TO YOUR MICHIGAN NATIONAL GUARD UNIT

Michigan National Guard Verification Use:

I verify that the above named applicant is a member of the Michigan National Guard and eligible to qualify for Reserve Benefits under the Montgomery GI Bill.

Signature _____	Printed Name _____
Title _____	Unit _____ Date _____
\$ _____ Amount per year	
_____	_____
Kathy Enderle	Date

Send the completed application to the following address:

**State Education Office
3423 N Martin Luther King Jr. Blvd
Lansing, MI 48906
Phone (517) 481-7640 FAX (517) 481-7782**