

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) 481-7644