



STATE EDUCATION ASSISTANCE PROGRAM

(Proponent of this form is G-1, NGDE-ES (Education Services)) POC: Robert.L.Csizmadia.nfg@army.mil - Phone: 302-326-7012

VENDOR ID #

DE State Employee #

Today's Date

APPLICATION DEADLINE IS NLT CLASS START DATE

NAME:

(PRINT: LAST NAME, FIRST NAME, AND MI)

AIR/ARMY

RANK

ADDRESS:

(STREET, CITY, STATE, ZIP CODE)

PHONES: HOME

CELL:

E-MAIL:

SEX:

RACE:

FedTech/StateTech/ Wk Warrior

OTHER EDUCATION BENEFITS BEING USED >

MILITARY UNIT:

DATE JOINED DNG:

HIGHEST EDUCATION LEVEL ALREADY COMPLETED

SEMESTER

CREDITS?

* MUST READ & AGREE WITH POLICY - DNG PAM 600-3

MUST SERVE 6 YEAR CONTRACT WITH DNG OR PAYBACK TUITION MONIES PAID

DEGREE PROGRAM?

* REQUIRED

COMMANDERS FULL NAME

PICK ELIG SCHOOL

COURSE (s) NUMBER OR COURSE (s) TITLE - Can do 2 classes per line

CLASS START DATE

CREDIT HOURS

TUITION COST

1)

2)

3)

4)

5)

COMMENTS / NOTES FROM STUDENT >

DECLARATION OF EDUCATION ASSISTANCE FROM OTHER SOURCES

Federal Tuition Assistance Program / Army Only

Percentage:

Amount:

Post 911 Chapter 33 GI Bill Tuition Paid To School

Percentage:

Amount:

Scholarship Money

Percentage:

Amount:

Federal / State Grant Money

Percentage:

Amount:

Civilian Employer Contributions

Percentage:

Amount:

* DIGITAL SIGNATURE WITH CAC CARD BELOW

Sign Yourself

NON-CAC SIGNATURE - CLICK "SIGN YOURSELF" AT TOP OF SCREEN AND SIGN BELOW

PRIVACY ACT STATEMENT

AUTHORITY: Delaware State Code, Title 14, Section 3411

PRINCIPAL PURPOSE (S): Used to list courses for which the Service Member is requesting education assistance from the State of Delaware.

ROUTINE USES: Used as a recorder of courses for which the Service Member requests educational assistance.

DISCLOSURE: Disclosure of information is mandatory. Failure to provide required information may complicate, delay, and/or prevent administrative actions needed to approve issuance of tuition assistance.