

NAME: \_\_\_\_\_ SSAN: \_\_\_\_\_ RANK: \_\_\_\_\_  
(PRINT: LAST NAME, FIRST NAME, AND MI)

ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

PHONES: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ ENTRY STATUS INTO THE DNG (CIRCLE ONE): NON-PRIOR SERVICE PRIOR SERVICE

CURRENT MILITARY STATUS (CHECK ONE): FEDERAL TECH \_\_\_\_\_ STATE TECH \_\_\_\_\_ AGR \_\_\_\_\_ TRADITIONAL \_\_\_\_\_

MILITARY UNIT: \_\_\_\_\_ DATE JOINED DNG: \_\_\_\_\_ ETS/MRD/MSD: \_\_\_\_\_

HIGHEST EDUCATION LEVEL ALREADY COMPLETED (CIRCLE ONE): HIGH SCHOOL ASSOCIATE BACHELOR MASTERS

CURRENT STATUS (CIRCLE ONE): FULL-TIME PART-TIME PROJECTED GRADUATION DATE: \_\_\_\_\_

CURRENT PROGRAM (CIRCLE ONE): MASTER’S BACHELOR’S ASSOCIATES CERTIFICATE CREDIT HOURS EARNED:  
\_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ CAMPUS LOCATION: \_\_\_\_\_

COURSE (S) NUMBER	COURSE (S) TITLE	CREDIT HOURS	TUITION COST
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

COURSE (S) START DATE: \_\_\_\_\_ COURSE (S) COMPLETION DATE: \_\_\_\_\_

**DECLARATION OF EDUCATION ASSISTANCE FROM OTHER SOURCES**

Federal Tuition Assistance Program / Army Only	(____)	Amount: _____
Scholarship Money	(____)	Amount: _____
Grant Money	(____)	Amount: _____
Civilian Employer Contributions	(____)	Amount: _____
Other Education Assistance	(____)	Amount: _____

DNG Form 600-1(RE)  
01 NOV 2014  
DE-ARP-ES  
DNG Form 600-1 (RE) supersedes DNG Form 600-1(RE), dtd 1 JAN 2010. Previous editions are obsolete and will not be used. Form is reproducible.

**Mandatory Registration with the State - <https://w9.accounting.delaware.gov/W9form.aspx>**

[ ] Change//Update address at - <https://w9.accounting.delaware.gov/W9form.aspx>

**ACKNOWLEDGEMENT OF APPLICANT**

I have read the pertinent portions of DNG PAM 600-3, and I agree to comply with policies and procedures set forth therein. I understand that education assistance is authorized on a course-by-course basis, and any additional agreements between educational institutions and myself are not binding to the State of Delaware. I understand that I must file DNG Form 600-4 Claim Form and forward a copy of my grade reports and transcripts and official bill to the Headquarters, Delaware National Guard within 45 day upon completion of courses. **I understand that my commander may not authorize my reimbursement claim (DNG Form 600-4) due to adverse actions or my status is not in good standing with the DNG.**



\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**APPROVAL OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE**

I certify that the above named service member, in my unit, to the best of my knowledge and ability meets the criteria for participation in the State Education Assistance Program. This person is a satisfactory participant, who has not missed more than six drill periods within the past one year and is not under any adverse personnel action.

\_\_\_\_\_  
TYPED NAME OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE



\_\_\_\_\_  
SIGNATURE OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

**MAIL APPLICATION TO:  
STATE OF DELAWARE  
DELAWARE ARMY NATIONAL GUARD  
ARMED FORCES RESERVE CENTER  
250 AIRPORT ROAD  
NEW CASTLE, DELAWARE 19720-1502**

**EDUCATION REVIEW BOARD ACTION AND COMPUTATION**

\_\_\_\_\_  
APPROVAL SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
FAIR PERCENTAGE APPLIED

\_\_\_\_\_  
AMOUNT OF TUITION APPROVED

**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 record of courses for which the service member is requesting education assistance.

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