



STATE OF DELAWARE
DELAWARE ARMY NATIONAL GUARD
ARMED FORCES RESERVE CENTER
250 AIRPORT ROAD
NEW CASTLE, DELAWARE 19720-1502

DNG Pamphlet 600-3

1 NOV 2014

DELAWARE NATIONAL GUARD
EDUCATION ASSISTANCE PROGRAM

Summary: This pamphlet establishes policy and procedures for the Education Assistance Program of the Delaware National Guard (DNG).

Applicability: The contents of this pamphlet are applicable to all active members of the Army National Guard (ARNG) and Air National Guard (ANG) of the State of Delaware.

Supplementation: Supplementation of this pamphlet is prohibited without prior approval from the Adjutant General of the State of Delaware.

Statutory Authority: Delaware State Code, Title 14, Section 3480 subchapter XI.
<http://delcode.delaware.gov/title14/c034/sc11/index.shtml>

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CHAPTER 1

INTRODUCTION

1-1. PURPOSE: This pamphlet establishes policy and provides guidance relative to the implementation, administration, eligibility, and certification processes required by the Delaware National Guard Education Assistance Program.

1-2. POLICY: Any active member of the Delaware National Guard, who meet the Eligibility requirements as defined by the Adjutant General, shall be entitled to Tuition Reimbursement under the following conditions:

A. The member must first apply for and use all other reasonably available education assistance programs, including Federal Tuition Assistance if eligible, scholarships, grants and civilian employer education benefit programs. Montgomery GI Bill benefits are excluded from this program and will not result in any reduction of State Tuition benefits. Post 911 GI Bill Benefits paid directly to the school is not reimbursable and will be deducted from reimbursement amount. The member must declare receiving any of the above benefits on the DNG 600-1 RE Application form. The program will deduct the entire amount for Scholarships and Grants printed on the Official School's invoice from the tuition entitlement. The guard may allow a lesser offset by performing a special calculation if the member submits an official letter from the institution stating that the Scholarship and/or Grant being received can be applied towards books, fees and other college related billing expenses.

B. Education assistance may be used only for attendance at a post-secondary educational institution, either financially supported by the state or, if private, located in the State of Delaware.

- (1) If State funding permits and on a first come first serve basis, if a member chooses to attend a state-supported institution, tuition and fees shall be reimbursed up to the amount paid by the member not to exceed the in-state resident tuition rate. "State supported institutions shall charge members the In-State rate for tuition and fees and treat members as an In-State applicant or student regardless of the members' state of residence. Fees may be reimbursed for normal registration and class fees as funding permits. Flight Lab fee, parking fees, parking fines and late registration fees etc. are not reimbursable. Students are responsible to provide evidence of fees paid each semester when filing DNG Form 600-4 Reimbursement Form each semester.
- (2) If State funding permits and on a first come first serve basis, if a member chooses to attend a Delaware private institution, tuition and fees shall be reimbursed up to the amount paid by the member not to exceed the average tuition of the Delaware post-secondary public institution. Fees may be reimbursed for normal registration and class fees as funding permits. Flight Lab fees, parking fees, parking fines and late registration fees etc. are not reimbursable. Students are responsible to provide evidence of fees paid each semester when filing DNG Form 600-4 Reimbursement Form each semester.

(3) Masters Degree Program Policy

- a. All personnel requesting State Reimbursement for their masters degree will submit application for tuition assistance on (DNG Form 600-1-RE) application contract and follow service member requirements in section 3-7 in DNG PAM 600-3 dated 1 AUG 2014 .
- b. If funding is not appropriated to fully support the program, master's degree reimbursement will be reduced prior to any reduction to members applying for funds to obtain an associate's degree or bachelor's degree as stated in the law. Payment for Master's degree will be equally disbursed for the approved applications.

- (4) The average tuition of the Delaware post-secondary public institutions will be the published rate as determined annually by the Higher Education Commission, State Department of Education.

C. The per member assistance granted under this section shall be limited to:

- (1) Only one certificate program and one degree program at each level of study (associate degree, bachelor's, Master's degree program). Any member, who already possesses a degree, whether it was earned prior to this program or under this program are not eligible to apply for any courses leading to a second associate, bachelors or masters degree. A member must be working towards the next level of education. Note that certificate programs will be reviewed by the ERB on a case by case basis.
- (2) Credits will be capped according to the members submitted degree plan
 - (a) The member must be in a degree seeking college program and submit a degree plan originated and accomplished by the student's college counselor.
 - (b) The member must submit a current Official Transcript from their college so Eligible credits to be paid can be calculated. For Instance **120 Credits Degree Plan - #Credits earned on transcript = Eligible Credits Payable**. If a member chooses to change majors or programs, the Delaware National Guard will use the remaining credits from the original submitted degree plan – no additional credits will be added.

D. A member may be enrolled either full-time or part-time.

- (1) Full-time participation is at least twelve credit hours per semester and must meet the requirements of full-time status as defined by the post-secondary institution.
- (2) Part-time participation is at least three but less than twelve credit hours per semester.
- (3) For any institutions using other than the semester basis, the appropriate status will be determined according to the definition provided by the post-secondary institution.

- E. A member may not receive education assistance under this program more than ten (10) years after the date on which the member began the first course for which reimbursement was granted.
- F. A member, who is called to active duty or to an activation that requires the member to discontinue their education assistance, the ten-year limit may be extended by the amount of time the member served on active duty or activation.
- G. A participating member must repay tuition and (fees if applicable) extended, including interest, on a pro rata basis for any one or more of the following reasons:
 - (1) Failure to fulfill the required six-year service commitment (Paragraph 2-1a)
 - (2) Failure to comply with any portion of this pamphlet.
- H. Termination for cause from the Delaware National Guard
- I. On behalf of the Adjutant General, the Education Review Board (ERB) will determine the amount of repayment due by the member and the payment schedule.
- J. A member terminated for other than cause will not be required to repay any tuition and (fees if applicable) extended.
- K. A member, who owes money due to recoupment action, is ineligible for further participation in this program until the recoupment is paid in full. Eligibility resumes the semester after all payments have been received, and the recoupment action is completed.
- L. This program will be subject to the limits of the total funding appropriated each year by the General Assembly.**
- M. A member shall not receive funding for any tuition not applied for prior to termination for any reason of membership in the National Guard.

CHAPTER 2

ELIGIBILITY

2-1. MILITARY REQUIREMENTS: Any active member of a federally recognized unit of the Delaware National Guard, who meets the requirements for satisfactory membership as certified by the appropriate commander on the DNG Form 600-1 (RE) (Application – Appendix B), is eligible to participate in the Education Assistance Program.

- A. Service commitment requires all participants to complete six (6) years of satisfactory membership in the Delaware National Guard. The six-year requirement may include service time before, during, and after participation in the education assistance program.
- B. Satisfactory membership is defined but not limited to the following parameters:
 - (1) Attendance: Member must not miss more than six periods of scheduled unit training assembly periods in the twelve months preceding the appropriate application deadline.
 - (2) Training: All members must continue to make satisfactory progress in their assigned military career field, as governed by the applicable regulations.
 - (3) Military Standards: Member must avoid all adverse personnel actions, such as unsatisfactory progress in Weight Management or Physical Fitness Programs.
- C. Right of Appeal: Issues pertaining to satisfactory membership may be appealed through the appropriate commander and State Education Assistance Program Manager (SEAPM) to the State Education Administrator then to the ERB in writing no later than 30 days after notification of ineligibility.

2-2. ACADEMIC REQUIREMENTS: Program participants must maintain the prescribed academic standards.

- A. Earn a grade no lower than a 2.0 on a 4.0 scale, or its equivalent, for each individual course for which tuition and fee assistance is granted. In any courses for which a specific grade is not issued, the member must show documentation to verify satisfactory completion. Failure to maintain a cumulative grade point average of 2.0 or higher will be cause for forfeit of funding for all courses taken for the semester or period in which the grade point average remains below 2.0 GPA level.
- B. In any course for which a specific grade is not issued, the member must show documentation to verify satisfactory completion.

CHAPTER 3
RESPONSIBILITY

3-1. THE ADJUTANT GENERAL:

- A. Appoints a board to adopt rules and procedures to administer the program.
- B. Provides the following data to the General Assembly on an annual basis:
 - (1) The number of members who participated at each post-secondary school.
 - (2) The total amount of tuition and (fees if applicable) paid through the program.
 - (3) The total amount of tuition and (fees if applicable) to be repaid by members in default.
 - (4) The amount of tuition and (fees if applicable) actually repaid by members in default.
- C. Remains the final authority in all aspects of this program.

3-2. UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE:

- A. Certifies the eligibility of each unit member on the application.
- B. Personally informs the member when a Notification of Ineligibility Letter is issued.
- C. Notifies the SEAPM if a member is called to active duty or to an activation that requires the member to discontinue participation in the program.
- D. Notifies the SEAPM of all separation/discharge actions regarding program participants and indicates whether or not the action is for cause.
- E. Takes action on each DNG Form 600-2 (RE) (Request for Change to Course Enrollment – Appendix E) by either recommending or not recommending a waiver of education assistance reimbursement, then forwards the form to the SEAPM.

3-3. STATE EDUCATION ADMINISTRATOR (SEA):

- A. (SEA) receives properly completed application and reimbursement forms from the appropriate (SEAPM's) no later than the morning of the first business day after the established cut-off periods.
- B. Establishes and maintains a complete database for historical purposes.
 - (1) Personal Data: Name, SSAN, rank, sex, race, ethnic group, home of record, home/work phone numbers, unit of assignment, AFSC/MOS, ETS/MSD, and log number.
 - (2) School Data: School, degree program, status (full-time/part-time), enrollment period, summary of courses taken, number of credit hours, grades and cumulative grade point average (GPA).
 - (3) Cost Data: Tuition by course(s) for each enrollment period, to include amount obligated and reimbursed. Also tracks the amounts to be repaid and the amounts actually repaid by members in default.
- C. Forwards all eligible applications and a copy of the current database to the ERB.
- D. Records the approval/disapproval and reimbursement information in the database.
- E. Forwards requests for payment / reimbursement to the State Comptroller upon receipt of invoices, grades and DNG 600-4(RE) Reimbursement Form.
- F. Processes recoupment actions and submits payments to the State Comptroller.
- G. Initiates the notification process:
 - (1) For approved applications, sends the Notification of Eligibility Letter containing the amount of Reserved Tuition Funds for the member based on the Maximum Allowable Fair Percentage to the service member and a copy to the appropriate (SEAPM) and unit commander.
 - (2) Sends the Notification of Ineligibility Letter to the member and appropriate (SEAPM) and unit commander.
- H. Prepares the annual report on behalf of the Adjutant General.

3-4. STATE EDUCATION ASSISTANCE PROGRAM MANAGER (SEAPM) Airguard:

- A. Ensures all applications (DNG 600-1) and reimbursement (DNG 600-4) forms are properly completed, signed by the member and applications are approved and signed by the Unit Commander or designee, in accordance with provisions and time frames set forth in this pamphlet.
- B. Delivers all applications and reimbursement forms at the beginning of the next business day after established cut-off period to the (SEA)
- C. Works daily issues in regards to the program and coordinates efforts with the State Education Administrator.
- D. Regularly attends education review boards and program meetings when scheduled.
- E. The (SEAPM) is the link between the student and the (SEA) and vice versa. It is imperative that information and data passed to the (SEA) is timely and accurate for correct computation of reserving tuition funds as well as reimbursement of tuition paid to the student.
- F. Responsible for assisting member and forwarding all requests for reimbursement (DNG Form 600-4) to the (SEA) in a timely manner to the (SEA).
- G. Responsible for assisting members and forwarding appeal / waiver applications (DNG 600-2) to the (SEA) in a timely manner to the (SEA).

3-5. EDUCATION REVIEW BOARD (ERB):

- A. Adopts rules and procedures to administer the program on behalf of the Adjutant General.
- B. Establishes application deadlines as appropriate.
- C. Determines the amounts to be paid to each applicant.
- D. Determines the amount of recoupment, when necessary.
- E. Notifies the SEAPM and SEA of all actions taken.
- F. Renders decisions on all appeals submitted in reference to Paragraph 2-1 C.

3-6. STATE COMPTROLLER:

- A. Appropriates funds from the General Assembly to support the program.
- B. Makes approved payments to institutions and/or issues Reimbursement of Tuition checks to members within 30 days upon receipt of DNG Form 600-4.
- C. Receives recoupment payments.

- D. According to current IRS regulations, State tuition reimbursement is tax free from Federal income tax up to \$5,250 received per calendar year. Any State tuition reimbursement amount received over \$5,250 in a calendar year will be taxable income to the recipient, and an IRS Form 1099 reporting this supplemental income over \$5,250 will be issued to the IRS and the recipient by no later than 28 February of the subsequent calendar year. The date of State tuition reimbursement payment is based on either the check date or the Electronic Funds Transfer (EFT) deposit date, depending on which form of payment is utilized.

3-7. SERVICE MEMBER:

- A. Agrees to follow the policies outlined in this pamphlet.
- B. Agrees to first apply for and utilize all other reasonably available education assistance programs, including scholarships, grants and civilian employer programs. The member must declare receiving any of the above benefits on the (DNG 600-1 RE application contract).
- C. Makes, submits and agrees to the application for tuition assistance on (DNG 600-1 RE application contract) to reserve tuition funds in accordance with the procedures contained in this pamphlet prior to the **Official Application Deadlines** established. **Late applications will be returned to the member without action!**

Fall Semester	Cutoff Date	NLT Class Start Date
Winter/Summer Semester	Cutoff Date	NLT Class Start Date
Spring Semester	Cutoff Date	NLT Class Start Date

- D. Agrees to submit a degree plan curriculum from their college counselor along with a most recent official college transcript.
- E. Notifies to the SEAPM of any changes in education status within seven days, using DNG Form 600-2 (RE) (Appendix E).
- F. Member is responsible to file for reimbursement of tuition by submitting proof of completed course(s), grade(s) or transcripts with cumulative GPA, official school invoice, student payment receipt and DNG 600-4 (RE) Reimbursement Form to the SEAPM within 45 days upon (semester or block) completion date. **Failure to apply for reimbursement within 45 days upon (semester or block) completion results in Reserved Funds being forfeited and returned to the General Fund for other student's use.**
- G. By Law, the student must submit the following evidence via authentic documents prior to receiving a reimbursement and Register on the State website:
1. The course title and grade received.
 2. The amount of tuition and fees paid for the course.
 3. The name of the post-secondary institution where the course was taken.
 4. Evidence of the member's cumulative grade point average for courses taken to date.
 5. Register at State website - <https://w9.accounting.delaware.gov/W9form.aspx>

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/W9formn.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 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.

APPENDIX C

SAMPLE ELECTRONIC EMAIL LETTER FOR STATE TUITION REIMBURSEMENT PROGRAM - APPLICATION RECEIVED AND MONEY RESERVED

SGT Snuffy,

I have reserved you \$2000.00 in State Tuition money that you requested on DNG Form 600-1 application Control #ST15-0554 for the Fall 2014 semester.

WARNING - Please be ALERTED that you must file ONG Form 600-4 Reimbursement Claim Form with your official bill, payment receipts and official sealed transcript within 45 days after the classes end or you forfeit the right to this money.

Mandatory Registration must be accomplished at the following State Website in order to receive any State money. This registration is also required that you update/change your profile if your mailing address has changed.

Please register now: <https://w9.accounting.delaware.gov/W9form.aspx>

**MSgt Robert Csizmadia
Armed Forces Reserve Center
NGDE-ES
250 Airport Road
New Castle, DE 19720
(302)326-7012
FAX (302)326-7029**

APPENDIX C

**SAMPLE ELECTRONIC EMAIL LETTER FOR STATE TUITION REIMBURSEMENT PROGRAM -
APPLICATION RECEIVED FOR MASTERS TUITION**

SGT Snuffy,

I have received an application in the amount of \$1000.00.00 in State Tuition money that you requested on ONG Form 600-1 application Control #ST15-0500 for the Fall 2014 semester.

Please note that you have applied for Masters Tuition Reimbursement and your claim will not be considered for payment until the end of the State fiscal year in July 2015. The law states that the program must first pay for all undergraduate reimbursements first then masters courses if funding still exists. **WARNING - Please be ALERTED that you must still file ONG Form 600-4 Reimbursement Claim Form with your official bill, payment receipts and official sealed transcript within 45 days after the classes end or you forfeit the right to this money.**

Mandatory Registration must be accomplished at the following State Website in order to receive any State money. This registration is also required that you update/change your profile if your mailing address has changed. Please register now: <https://w9.accounting.delaware.gov/W9form.aspx>

MSgt Robert Csizmadia
Armed Forces Reserve Center
NGDE-ES
250 Airport Road
New Castle, DE 19720
(302)326-7012
FAX (302)326-7029

APPENDIX C

**SAMPLE ELECTRONIC EMAIL LETTER FOR STATE TUITION REIMBURSEMENT PROGRAM -
FORFEITURE OF STATE TUITION FUNDING DUE TO FAILURE TO FILE FOR REIMBURSEMENT
WITHIN 45 DAYS AFTER COURSES ENDED.**

SGT Snuffy,

The State Tuition money in the amount of \$3000.00 we reserved for you on application ST14- 0600 for the Spring 2014 semester has been forfeited due to failing to file for reimbursement within the 45 days after the classes ended deadline stated in the DNG PAM 600-3 policy. If you wish to appeal please respond via email or telecom within 10 days of this email. Thank you.

**MSgt Robert Csizmadia
Armed Forces Reserve Center
NGDE-ES
250 Airport Road
New Castle, DE 19720
(302) 326-7012
FAX (302) 326-7029**

APPENDIX C

LETTERHEAD

DE-ARP-ES (600)

(DATE)

MEMORANDUM FOR (NAME, MAILING ADDRESS, SSAN)

SUBJECT: Notification of eligibility for the State Tuition Reimbursement Program and reserved tuition funds.

- 1. The Education Review Board has approved your application for participation in the State Tuition Reimbursement program at the following institution and reserved tuition funds:

College/Campus
Semester / School Year
Amount
Application Control Number

Please note that the amount approved is the maximum tuition funds reserved for you and may be reduced as a result of unsatisfactory grades, federal grants or scholarships received, civilian employer tuition benefits or due to other adjustments to your school bill. Your reimbursement will be adjusted accordingly if need be.

- 2. This headquarters will initiate reimbursement payment to you upon receipt of the following: Official Grade Report / Official School Invoice / Student Payment Receipt / DNG Form 600-4 (RE) Reimbursement Form. No payment will be made unless all required documentation is received. **Important: Members must file for reimbursement within 45 days of completion of the (semester or block) or Funds Reserved will be forfeited and returned to the General Fund for other student's to use.** Applications and Reimbursement Forms should be addressed to: the appropriate (SEAPM) **Army** - Headquarters, Delaware National Guard, ATTN: DE-ARP-ES, First Regiment Road, Wilmington, DE 19808-2191 or **Air** – Delaware Air National Guard, ATTN: ROM, 2600 Spruance Drive, New Castle DE 19720.
- 3. Any questions with regard to this program should be addressed to the appropriate (SEAPM) Army (302-326-7012) or Air Headquarters (302-323-3413).

FOR THE ADJUTANT GENERAL:

(SEA Signature Block)

CF:(Unit Cdr)

APPENDIX D

LETTERHEAD

DE-ARP (600)

DATE

MEMORANDUM FOR RANK FNAME LNAME
ADDRESS1 CITY, ST ZIP
(ST#), (SSAN)

SUBJECT: Notification of Ineligibility for the Education Program

1. After reviewing your application, the Education Review Board has declared you to be ineligible at this time for the following reason:

NOTES

2. Your unit commander/authorized representative will personally contact you to discuss the reason for your ineligibility.
3. Tuition incurred during a period of ineligibility, remain the sole responsibility of the applicant. Questions regarding this matter should be addressed to MSGT Robert Csizmadia, (State Education Administrator) at the above address or telephone (302) 326-7012.

FOR THE ADJUTANT GENERAL:

(SEA Signature Block)

CF: Cdr, UNIT

REQUEST FOR CHANGE(S) TO COURSE ENROLLMENT

NAME _____ DATE _____

SSAN _____ CURRENT UNIT ASSIGNMENT _____

REQUEST THE FOLLOWING CHANGE(S) IN MY CURRENT ENROLLMENT, WHICH HAVE BEEN MADE WITHIN THE ALLOWABLE DROP/ADD PERIOD:

<u>COLLEGE/ UNIVERSITY</u>	<u>COURSE(S) NUMBER</u>	<u>COURSE(S) TITLE</u>	<u>ACTION: DROP/ADD</u>	<u>CREDIT HOURS</u>
--------------------------------	-----------------------------	----------------------------	-----------------------------	-------------------------

1) _____

2) _____

3) _____

4) _____

REQUEST THE FOLLOWING CHANGE(S) IN MY CURRENT ENROLLMENT, WHICH HAVE BEEN MADE AFTER THE ALLOWABLE DROP/ADD PERIOD:

<u>COLLEGE/ UNIVERSITY</u>	<u>COURSE(S) NUMBER</u>	<u>COURSE(S) TITLE</u>	<u>ACTION: DROP/ADD</u>	<u>CREDIT HOURS</u>
--------------------------------	-----------------------------	----------------------------	-----------------------------	-------------------------

1) _____

2) _____

3) _____

4) _____

MAILING ADDRESSES

**STATE OF DELAWARE
DELAWARE NATIONAL GUARD
ARMED FORCES RESERVE CENTER
250 AIRPORT ROAD
NEW CASTLE, DELAWARE 19720-1502**

DNG Form 600-2(RE)

01 NOV 2014

DE-ARP-ES

DNG Form 600-2(RE) supersedes DNG Form 600-2(RE), dated 1 JAN 2010. Previous editions are obsolete and will not be used. Form is reproducible.

REQUEST FOR WAIVER / EXCEPTION TO POLICY

PERSONAL STATEMENT TO SUPPORT THE REQUEST:

SIGNATURE OF STUDENT

ATTACHMENTS (IF NEEDED)

APPROVAL OF UNIT COMMANDER

TYPED NAME OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF UNIT COMMANDER OR AUTHORIZED REPRESENTATIVE

DATE

EDUCATION REVIEW BOARD ACTION

TYPED NAME OF EDUCATION REVIEW BOARD ADMINISTRATOR

SIGNATURE OF EDUCATION REVIEW BOARD ADMINISTRATOR

DATE

PRIVACY ACT STATEMENT

AUTHORITY: Delaware State Code, Title 14, Section 3411. USC 2005, Title 10 and USC 2007, Title 10.

PRINCIPAL PURPOSE(S): Used to list course(s) for which the service member is receiving tuition assistance from the State of Delaware.

ROUTINE USES: Used as a record of course(s) for which the service member is receiving tuition assistance.

DISCLOSURE: Disclosure of information is mandatory. DNG Form 600-2 (RE) is the only authorized form in which a service member can request changes to course enrollment. Failure to use this form, when required, may result in the loss of reimbursement for tuition assistance previously approved.

REQUEST FOR STATE TUITION REIMBURSEMENT

NAME _____ DATE _____

SSAN _____ CURRENT UNIT ASSIGNMENT _____

CONTROL NUMBER (FROM LETTER OF ELIGIBILITY) _____

AUTHENTIC DOCUMENTS REQUIRED FOR REIMBURSEMENT (PLEASE ATTACH):

1) OFFICIAL INVOICE/BILL FROM COLLEGE/UNIVERSITY \$ _____

2) RECEIPT SHOWING STUDENT PAYMENTS \$ _____

3) OFFICIAL GRADE(S) REPORT / OFFICIAL TRANSCRIPT - **INTERNET GRADE(S) NOT ACCEPTABLE**

4) **MAIL TO: Armed Forces Reserve Center, Attn: NGDE-ES, 250 Airport Rd, New Castle, DE 19720**
OR: Scan and Email to: Robert.L.Csizmadia.mil@mail.mil

IF STUDENT PAYMENT IS LESS THAN AMOUNT ON OFFICIAL INVOICE, PLEASE EXPLAIN:

CURRENT MAILING ADDRESS FOR REIMBURSEMENT CHECK:

STREET _____

CITY/STATE/ZIP CODE _____

HOME PHONE / CELL PHONE _____

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

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

CERTIFICATIONS BY MEMBER:

I certify that the above information with regard to my reimbursement claim is correct, and I understand that any intent to falsify any supporting documentation constitutes fraud and will be cause for disciplinary action.

MEMBERS SIGNATURE

DATE

BRING OR MAIL THE REQUIRED DOCUMENTS TO ONE OF THE FOLLOWING:

**STATE OF DELAWARE
DELAWARE NATIONAL GUARD
ARMED FORCES RESERVE CENTER
250 AIRPORT ROAD
NEW CASTLE, DELAWARE 19720-1502**

EDUCATION REVIEW BOARD ACTION

TYPED NAME OF EDUCATION REVIEW BOARD ADMINISTRATOR

SIGNATURE OF EDUCATION REVIEW BOARD ADMINISTRATOR

DATE

OFFICE OF THE STATE COMPTROLLER

DATE RECEIVED

DATE PAID

AMOUNT PAID

FAIR PCT FORMULA (IF APPLICABLE)

SIGNATURE

DATE

PRIVACY ACT STATMENT

AUTHORITY: Delaware State Code, Title 14, Section 3411. USC 2005, Title 10 and USC 2007, Title 10.

PRINCIPAL PURPOSE(S): Used to list course(s) for which the service member is receiving tuition assistance from the State of Delaware.

ROUTINE USES: Used as a record of course(s) for which the service member is receiving tuition assistance.

DISCLOSURE: Disclosure of information is mandatory. DNG Form 600-2 (RE) is the only authorized form in which a service member can request changes to course enrollment. Failure to use this form, when required, may result in the loss of reimbursement for tuition assistance previously approved.

DELAWARE SUBSTITUTE FORM W-9

There is a change in how personnel are required to register for State Tuition Reimbursements.

The State of Delaware is now requiring all personnel, regardless if they are State Employee's or Military Members to provide their personal information into the State's Substitute W-9 form at the below web site address.

<https://w9.accounting.delaware.gov/W9form.aspx>

SPECIAL INSTRUCTIONS

Select either "**New Profile**" or "**Change Profile**"

Taxpayer ID: Provide your Social Security Number

Payment Method: *If you "DO NOT" provide Direct Deposit information, you will receive a hard check. This means you must update your profile every time you change your address.*

Applicant Information: Provide your full name under vendor name, do "NOT" precede your full name with their "Military Rank".

Applicant Remittance Address: Provide your current address, contact name, phone, and email address. "Do Not" use you Unit address for your home address.

Applicant Ordering Address: Please check the box that says if same as Remittance Address.

Additional Reporting Elements: Once you've completed all the mandatory data (Red Asterisk), you are to select "**1099 Miscellaneous**", This will open a new area on the form, now select "**Other Income**".

Certification: You now must review and certify the two questions under the Electronic System Submission at the bottom right by Agreeing (checking the agree boxes) before selecting the "Submit Button".

Also you need to "Wait until you receive a Confirmation" before exiting the internet site.