



## Application Instructions for TN STRONG Act 2017



Print or save the entire packet, follow detailed instructions regarding each item as follows:

1. **Applicant Checklist:** Service member will use this to complete all required actions. **All items constitute the application packet.** Initial each item and use as the cover sheet for application packet.
2. **TNG STRONG Act tuition reimbursement Application Form:**  
Section I - Members Information: Complete in full blocks 1-17 as required.  
Block 15: used to validate if member is eligible for Federal Tuition Assistance (FTA).  
Block 17: obtain information from chosen postsecondary institution.  
Section II- Student Data: Complete each item as requested.  
Section III- Members Waiver & Certification- Read statement, sign and date as required.  
Check all items included in your application packet.  
Section IV- Unit/Squadron Commander: Submit your application packet to your Commander for review. Commander will recommend or non- recommend, sign and date. If non-recommended, Commander is required to provide a letter outlining reasons. Include letter in application packet.  
Section V- Enrollment Certification: Take to postsecondary institution to complete.  
Section VI- State TA Manager Review: Completed by State Tuition Assistance Manager ONLY
3. **TNG STRONG Act tuition reimbursement State of Understanding (SOU):**  
Applicants must read and initial each paragraph, sign and date as required.
4. **TNG STRONG Act Tuition Reimbursement Authorization for Release Form:**  
Print member name and last 4 of SSN. Read statements, initial each paragraph, complete postsecondary institution information, sign and date as required. *\*The postsecondary institution version of FERPA will be accepted.*

Once application packet is complete with **Applicant Checklist** as cover, upload as one document and email to either Air or Army mailboxes relevant to your branch of service.

**Air email:** [ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil](mailto:ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil)

**Army email:** [ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil](mailto:ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil)

**Questions? Use the contact sheet to contact our State Tuition Assistance Managers.**



## TN STRONG Act Contact Information

Website for current TN STRONG Act information:

<http://tn.gov/military/section/education-incentives>

**SFC Edward Mosher**

**Army State Tuition Assistance Manager**

Telephone: 615-313-2697

Email: [edward.p.mosher.mil@mail.mil](mailto:edward.p.mosher.mil@mail.mil)

**SPC Christopher Barriere**

**Army State Tuition Assistance Manager**

Telephone: 615-313-0737

Email: [christopher.h.barriere.mil@mail.mil](mailto:christopher.h.barriere.mil@mail.mil)

Army email: [ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil](mailto:ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil)

**TSgt Joseph Wilson**

**Air Guard State Tuition Assistance Manager**

Telephone: 615-313-0849

Email: [joseph.wilson82.mil@mail.mil](mailto:joseph.wilson82.mil@mail.mil)

Air email: [ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil](mailto:ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil)



## Applicant Check List

- Commanders signature\_\_\_\_\_
- Statement Of Understanding\_\_\_\_\_
- Completed Application- Sections I to V\_\_\_\_\_
- Authorization for Release form (FERPA)\_\_\_\_\_
- Degree Plan after 9 Hours(if Applicable)\_\_\_\_\_

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**Printed Name**

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Student's Signature

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Phone Number

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Valid Email Address

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Unit Point of Contact

**Once application is complete, submit to appropriate mailbox:**

Air: [ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil](mailto:ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@mail.mil)

Army: [ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil](mailto:ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@mail.mil)

# Tennessee National Guard Application for the STRONG Act Tuition Reimbursement Program

“This document contains information exempt from mandatory disclosure under the FOIA. Exemption 5 U.S.C. 553(b) (6) applies. This document also contains personal information that is protected by the Privacy Act of 1974 and must be safeguarded from unauthorized disclosure”

## SECTION I – MEMBER’S INFORMATION

<u>1. Member’s Name (Last, First, MI):</u>	<u>2. Date of Birth (YYMMDD)</u>	<u>3. Rank/Grade</u>	<u>4. SSN:</u>	<u>5. Enlistment Date: (YYMMDD)</u>	<u>6. ETS Date: (YYMMDD)</u>
<u>7. Permanent Home Address:</u>	<u>8. City</u>	<u>9. State:</u>	<u>10. Zip Code:</u>	<u>11. Phone Number (Home, Cell, Work)</u>	
<u>12. Valid Email Address (Work, Civilian, Military)</u>		<u>13a. Branch Of Service:</u> <input type="checkbox"/> Air Guard <input type="checkbox"/> Army Guard			
		<u>13b. Duty Status:</u> <input type="checkbox"/> Traditional <input type="checkbox"/> Active Guard Reserve (AGR) <input type="checkbox"/> Technician			
<u>14. Unit of Assignment / City:</u>		<u>15. Do you have a “Go Army ED” Account? (Army Only)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
		If YES, how much funds are being applied this academic period: \$			
<u>16. Highest Level of Education Completed:</u>  <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Associate’s Degree  <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor’s Degree		<u>17. Name and address of the school you are attending:</u>			

## SECTION II –STUDENT DATA

<u>Member’s Major:</u>	<u>Number of Hours Enrolled This Term:</u>	<u>Name and address of the Financial Aid/Bursar’s Office of the school you are attending:</u>
<u>Total Amount of Member’s Tuition:</u>		

## SECTION III – MEMBERS WAIVER & CERTIFICATION

By signing this form, I agree to have my transcript, itemized bill and withdrawal information released to the TNG JFHQ A-1/JFHQ G-1. I understand that my acceptance for the STRONG Act tuition reimbursement program is based upon availability of funding. I have carefully read the attached SOU and all questions have been explained to my satisfaction.

<u>Member’s Signature:</u>	<u>Date Signed (YYMMDD):</u>
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**The following documents must be submitted with this application for it to be considered for funding.**

- Statement of Understanding (SOU)     Course/Degree Plan (if applicable)     Authorization to Release (FERPA)

## SECTION IV – UNIT/SQUADRON COMMANDER

I certify that the Member is a satisfactory participant in good standing with less that 9 unexcused absences form UTAs within any 12 month period with my respective unit as prescribed in AR 135-91, AR 350-1, or AFI 36-3209 . Further I certify that he/she meets the eligible criteria outlined in Rule 0930-02-01 of the policy for the STRONG Act Program.

<u>Printed Commander’s Name:</u>	<input type="checkbox"/> Recommend <input type="checkbox"/> NonRecommend	
<u>Commander’s Signature:</u>	<u>Date Signed (YYMMDD):</u>	

**SECTION V- Enrollment Certification- \*Filed by Postsecondary Institution\***

"This document contains information exempt from mandatory disclosure under the FOIA. Exemption 5 U.S.C. 553(b) (6) applies. This document also contains personal information that is protected by the Privacy Act of 1974 and must be safeguarded from unauthorized disclosure"

Request the **postsecondary institution provide** the following information in order to certify member's enrollment to complete the application packet for TN STRONG Act tuition reimbursement as outlined in the State of Tennessee Public Chapter No. 229  
And  
Rule 0930-02-01.

Name of Student (Last, First, Middle Initial.):

SSN:

Current Address of Student:

**ENROLLMENT DATA**

<u>Class Start/End Dates</u> (YYYYMMDD)		<u>Course Number</u> (ex...EN GL 1010)	<u>Course Title</u>	<u>Cost Per Credit Hour</u>	<u>Credit Hours</u>	<u>Total Course Charges</u>
START	END					

Name and Address of Financial Aid/Bursar's Office:

Number of Hours Enrolled:

Total Tuition Charges:

**CERTIFICATIONS** – The provisions described on this sheet are certified to be correct as of date signed below.

School Name and Address:

Phone Number:

Printed Name and Signature of Certifying Official:

Date Signed:

**SECTION VI- STA MANAGER REVIEW**

I certify that the Member's application packet contains all required documents and I have properly reviewed this application packet.

Accepted       Rejected

Tuition Amount Accepted:

STA Manager Signature:

Date:



**Tennessee National Guard**  
**STRONG Act Tuition Reimbursement**  
**Statement of Understanding**



**Applicants must initial each paragraph indicating the acceptance of this Agreement.**

I understand to be eligible for STRONG Act tuition reimbursement, I must be a member of the Tennessee National Guard and have not missed a *ship date* \* to begin **basic military training** prior to current course start date.

\_\_\_\_\_ (Applicant's Initials)

I must serve in the Tennessee National Guard beyond the **end of the term for the academic period** for which STRONG Act tuition reimbursement is requested. \_\_\_\_\_ (Applicant's Initials)

I understand that I must **first apply and exhaust ALL Federal Tuition Assistance (FTA)** when eligible before submitting my application for STRONG Act tuition reimbursement \_\_\_\_\_ (Applicant's Initials)

I have **not** previously received a Bachelor's Degree from an accredited postsecondary institution.

\_\_\_\_\_ (Applicant's Initials)

I have not received nor have I applied for STRONG Act tuition reimbursement, which exceeds or will exceed more than **120 credit hours, 8 full-time semesters or equivalent** if the educational institution is on a system other than a semester system. \_\_\_\_\_ (Applicant's Initials)

I understand that I must successfully **complete all courses and maintain a GPA of 2.0** for the academic period that STRONG Act tuition reimbursement is being sought. \_\_\_\_\_ (Applicant's Initials)

I understand if STRONG Act Tuition reimbursement is approved, it shall **not exceed the actual tuition charged** by my chosen postsecondary institution approved to receive state or federal funds.

\_\_\_\_\_ (Applicant's Initials)

The STRONG Act tuition reimbursement must be **paid to an educational institution**, not to the individual. An educational institution is defined as in Annex C. \_\_\_\_\_ (Applicant's Initials)

After submission of my application packet, **I must report any changes immediately** to the State Tuition Assistance Manager to include withdrawals or adding additional courses. Course cost will not be covered after the schools official withdrawal date. \_\_\_\_\_ (Applicant's Initials)

I understand that I must provide a **copy of final grades and itemized bill** for the academic period in which I have submitted an application packet for STRONG Act tuition reimbursement. This constitute a **complete application packet**. \_\_\_\_\_ (Applicant's Initials)

(\**ship date* for purposes of this program refers to the date a TNG Member departs to begin **basic military training**.)



*Tennessee National Guard*  
***STRONG Act Tuition Reimbursement***  
***Statement of Understanding***



If I am currently attending or have attended a postsecondary institution, I will **provide a current transcript** to the State Tuition Assistance Manager. \_\_\_\_\_ (Applicant's Initials)

I understand that it is my **sole responsibility** to submit all required documentation, as part of a complete application packet to ensure proper and timely processing. \_\_\_\_\_ (Applicant's Initials)

I understand that my application packet must be submitted **within 90 days of course completion date** to the State Tuition Assistance Manager to allow for adequate time to evaluate my application, identify any discrepancies, and send out necessary notifications. \_\_\_\_\_ (Applicant's Initials)

I understand that if my application is submitted **late** for any reason then it will be rejected. **Approval** for STRONG Act tuition reimbursement is subject to **availability of funding**. \_\_\_\_\_ (Applicant's Initials)

**Questions** regarding the program, application process, or payment information should be directed to the State Tuition Assistance Manager. \_\_\_\_\_ (Applicant's Initials)

**I have read and understand that if I do not comply with all of the above, I will not be approved for STRONG Act tuition reimbursement.** \_\_\_\_\_ (Applicant's Initials)

**I understand that the STRONG Act tuition reimbursement program is subject to appropriations set by the Tennessee State Legislature and limitations are set forth in Public Chapter No. 229.**  
\_\_\_\_\_(Applicant's Initials)

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



***Tennessee National Guard***  
***STRONG Act Tuition Reimbursement***  
***Authorization for Release Form***



**Student Name:** \_\_\_\_\_ **SSN: XXX-XX-**\_\_\_\_\_

This form allows students to authorize the release of confidential academic, financial aid, discipline, and student account information otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to designated person(s). These designated person(s) will have access to the student’s grades and progress reports, certain disciplinary records, and other information related to academic progress, financial aid, and student financial accounts.

**In an attempt to handle requests for grades, account balances and/or financial aid information, etc. we are requesting that the student complete this form at the time of registration. This release will allow the chosen postsecondary institution listed below to discuss this information with the Tennessee National Guard without a delay.**

**If for any reason, I decide to change any information on this form, I must notify my chosen postsecondary institution immediately.**

Authorization: Initial the following boxes and complete requested information below:

\_\_\_\_\_ Under the Family Educational Rights and Privacy Act (FERPA), the postsecondary institution listed below is permitted to disclose information from your education records to the Tennessee National Guard with your consent. By signing this form you agree to allow your institution to release information from your academic records. I consent to the disclosure of any personally identifiable information from my education records to the Tennessee National Guard, as my institution finds appropriate.

\_\_\_\_\_ I hereby authorize the release of my grades, when available, to the Tennessee National Guard

\_\_\_\_\_ I hereby authorize the release of information related to my student account and financial aid received, including oral and/or written communication with the postsecondary institution listed below, as requested.

Postsecondary Institution Name: \_\_\_\_\_

Postsecondary Institution POC: \_\_\_\_\_

Student’s Address: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_