



## Application Instructions for TN STRONG Act



**NEW...Submission Deadlines: 1 October (Fall); 1 February (Spring) & 1 June (Summer)**

**\*\*\*Check with your post-secondary institutions for deferment deadlines!\*\*\***

Print or save the entire packet. Follow detailed instructions regarding each item as follows:

- TNG STRONG Act tuition reimbursement Application Form:**  
**Section I - Members Information:** Complete in full, blocks 1-16 as required.  
Block 15: used to validate member's eligibility for Federal Tuition Assistance (FTA) and is a serving member during the school semester.  
**Section II- Members Waiver & Certification -** Read statement, sign and date as required.  
Check all items included in your application packet.  
**Section III- 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 IV- Enrollment Certification:** Take to certifying official at postsecondary institution to complete.  
**Section V- State TA Manager Review:** Completed by State Tuition Assistance Manager ONLY.
- TNG STRONG Act tuition reimbursement State of Understanding (SOU):** Applicants must READ and initial each paragraph, sign and date as required.  
This is **legal acknowledgement for record** and is considered supporting documentation.
- 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, 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>

### Air Guard State Tuition Assistance Manager

MSgt Joseph Wilson – Commercial: (615) 313-0849

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 Guard State Tuition Assistance Manager

SFC Stephen Biase – Commercial: (615) 313-0737

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)

### TN STRONG Act Outreach NCO

SSG Joseph Baydoun- Commercial: (615)313-2697; Cell: (629) 395-3437

Email: [ioseph.h.baydoun.mil@mail.mil](mailto:ioseph.h.baydoun.mil@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. Gender(M/F)</u> | <u>3. Date of Birth (YYYYMMDD)</u>   | <u>4. Rank/Grade</u>            | <u>5. SSN:</u>      |
| <u>6. Permanent Home Address:</u>  |                       | <u>7. City</u>   | <u>8. State:</u>                | <u>9. Zip Code:</u> |
| <u>10. Phone Number (Home, Cell, Work)</u>   |                       | <u>11. Valid Email Address (Work, Civilian, Military)</u>  |                                 |                     |
| <u>12. Unit of Assignment / City:</u>  |                       | <u>132a. Branch Of Service:</u> <input type="checkbox"/> Air Guard <input type="checkbox"/> Army Guard<br><u>13b. Duty Status:</u> <input type="checkbox"/> Traditional <input type="checkbox"/> Active Guard Reserve(AGR) |                                 |                     |
| <u>14. Highest Level of Education Completed:</u><br><input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Associate’s Degree<br><input type="checkbox"/> Some College <input type="checkbox"/> Bachelor’s Degree |                       | <u>15. Enlistment Date: (YYYYMMDD)</u>   | <u>16. ETS Date: (YYYYMMDD)</u> |                     |

## SECTION II – 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 (YYYYMMDD):</u> |
|----------------------------|--------------------------------|

## SECTION III – 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.

|   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Recommend <input type="checkbox"/> Non-Recommend | <u>Date Signed (YYYYMMDD)</u>  |
| <u>Commander’s Printed Name:</u>  | <u>Commanders’s Signature:</u> |

**SECTION IV- Enrollment Certification**

**\*\*\*Filled by Certification Official at Postsecondary Institution\*\*\***

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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.

|   |                      |                      |
|---|----------------------|----------------------|
| <u>Name of Student (Last, First, Middle Initial):</u> | <u>SSN: (Last 4)</u> | <u>Degree Major:</u> |
|---|----------------------|----------------------|

**ENROLLMENT DATA**

| <u>Class Start/End Dates (YYYYMMDD)</u>          |            | <u>Course Number</u> | <u>Course Title</u>              | <u>Credit/Clock Hour Cost</u> | <u>Total Hours</u> | <u>Total Course Charges</u> |
|--|------------|----------------------|----------------------------------|-------------------------------|--------------------|-----------------------------|
| <u>START</u>                                     | <u>END</u> |                      |                                  |                               |                    |                             |
|  |            |                      |                                  |                               |                    |                             |
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|  |            |                      |                                  |                               |                    |                             |
|  |            |                      |                                  |                               |                    |                             |
| <u>Total Credit Hours Earned Towards Degree:</u> |            |                      | <u>Number of Hours Enrolled:</u> | <u>Total Tuition Charges:</u> |                    |                             |

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

|   |                      |
|---|----------------------|
| <u>Name and Address of Financial Aid/Business Office:</u> | <u>Phone Number:</u> |
|---|----------------------|

|               |   |                                   |
|---------------|---|-----------------------------------|
| <u>Email:</u> | <u>Printed Name and Signature of Certifying Official:</u> | <u>Date Signed:</u><br>(YYYYMMDD) |
|---------------|---|-----------------------------------|

**SECTION V- STA MANAGER REVIEW**

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

|   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected | <u>Tuition Amount Accepted:</u> |
| 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. This is a legal acknowledgement for record & is considered supporting documentation.**

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 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 I must submit my **complete application** by the **submission deadlines** as follows: 1 October (Fall); 1 February (Spring); 1 June (Summer) depending upon date of courses. \_\_\_\_\_ (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)

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 understand that if I am an **Army National Guard member**, I must provide proof of an existing **'GoArmyEd' account\*\*** which provides access to FTA DOD funding. **State law requires usage of FTA before TN STRONG Act tuition reimbursement can be executed.** \_\_\_\_\_ (Applicant's Initials)

I understand that if I am a **non-scholarship Army ROTC Cadet**, I must apply for and exhaust all FTA when eligible before submitting my application for STRONG Act tuition reimbursement. \_\_\_\_\_ (Applicant's Initials)

I understand that if I fail to apply for and exhaust FTA as required by State law, **I will receive a reduced amount of STRONG Act tuition reimbursement.** \_\_\_\_\_ (Applicant's Initials)

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



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)

I understand that TN STRONG Act tuition reimbursement must be **paid to an educational institution**, not to the individual. \_\_\_\_\_ (Applicant's Initials)

I understand 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 my unofficial transcripts and detailed 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)

I understand I MUST notify the State Tuition Managers if this funding **results in a degree (Associates or Bachelors)**. Submit copy of diploma or transcripts. \_\_\_\_\_ (Applicant's Initials)

I understand that my **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** \_\_\_\_\_

(\*\*Instructions for 'GoArmyEd' accounts are on [tn.gov/military/programs](http://tn.gov/military/programs) & benefits)



***Tennessee National Guard***  
***STRONG Act Tuition Reimbursement***  
***Authorization to Release***



**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: \_\_\_\_\_