Application Instructions for TN STRONG Act

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

*****Incomplete/illegible applications will be returned without action!*****

Follow detailed instructions regarding each item as follows:

1. ***TN 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.

   *****ONLY DOD CAC or Hand-written signatures will be accepted******

   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 and verify classes and costs!**
   Section V- ***State TA Manager (STA) Review*:** Completed by State Tuition Assistance Manager once complete application is submitted to respective branch STA.

2. ***TN STRONG Act tuition reimbursement Statement of Understanding (SOU)*:**
   Applicants must **read** and **initial** each paragraph, sign and date as required.
   This is **legal acknowledgment for record** and is considered supporting documentation.

3. ***TN 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. ****Applicants may use their postsecondary institution's version of FERPA.****

Once request is complete, scan all documents as PDF file and email to either Air or Army mailbox relevant to your branch of service:

Air Contact: MSGT Joseph Wilson - Comm: (615) 313-0849; DSN: 683-0849
ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@army.mil

Army Contact: SFC Stephen Biase - Comm: (615) 313-0737; DSN: 683-0737
ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@army.mil

Tennessee National Guard STRONG Act Program
Tuition Reimbursement Request

"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

1. Member's Name (Last, First, MI):	2.Gender(M/F)	3. Date of Birth (YYYYMMDD)	4.Rank/Grade	5. SSN:

6. Permanent Home Address:	7. City	8. State:	9. Zip Code:

10. Phone Number (Home, Cell, Work)	11. Valid Email Address (Work, Civilian, Military)

12. Unit of Assignment & Location:	13a. Branch Of Service: ☐ Air Guard ☐ Army Guard 13b. Duty Status: ☐ Traditional ☐ Active Guard Reserve(AGR)

14. Current Education Path:	15. Enlistment Date: (YYYYMMDD)	16. ETS Date: (YYYYMMDD)
☐ Certification ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree		

SECTION II – MEMBERS WAIVER & CERTIFICATION

I have carefully read the attached Statement of Understanding and I agree to have my transcript, itemized bill and class 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 and **if I am flagged for any reason I am ineligible to apply for STRONG Act tuition reimbursement.**

Member's Signature:	Date Signed (YYYYMMDD):

SECTION III – UNIT/SQUADRON COMMANDER

I certify that the Member is a satisfactory participant in good standing with less than 9 unexcused absences from 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 eligibility criteria outlined in Rule 0930-02-01 of the STRONG Act guidelines and **is not currently flagged for suspension of favorable personnel actions for any reason.**

☐ Recommend ☐ Non-Recommend	Date Signed (YYYYMMDD)
_____ Commander's Printed Name: _____ Commanders's Signature:	

SECTION IV- Enrollment Certification
****Filled by Certification Official at 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 which 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.216 And Rule 0930-02-01.

Name of Student (Last, First, Middle Initial):	SSN: (Last 4)	Degree Major:

ENROLLMENT DATA

Class Start/End Dates (YYYYMMDD)		Course Number	Course Title	Total Hours	Credit/Clock Cost per Hour	Total Charges
START	END					

Total Credit Hours Earned Towards Degree:	Number of Hours Enrolled:	Total Tuition Charges:

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

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

Email:	**Printed Name** and Signature of Certifying Official:	Date Signed: (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.

☐ Accepted ☐ Rejected STA Manager Signature: Date:	Tuition Amount Accepted:

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 acknowledgment 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. _____ (Initials)

I understand I must serve in the Tennessee National Guard for for at least a portion of the applicable academic term for which I am applying for STRONG Act benefits, and that my term of service may not expire during the academic term for which I am applying for benefits. _____ (Initials)

I understand that if, at the time of submission, I am flagged for suspension of favorable personnel actions, my request will be denied._____ (Initials)

I understand it is my **sole responsibility** to submit all required documentation listed in the next statement as part of a complete application packet within **90 days of course completion**. Failure to do so will result in being disqualified for reimbursement consideration regarding this request. _____ (Initials)

I understand a **complete TN STRONG Act application** consists of the initial 5 page reimbursement request, unofficial transcript for the term reimbursement is requested, and the latest student account summary or itemized bill for the term reimbursement is requested. _____ (Initials)

I understand that if I am eligible for **Federal Tuition Assistance (FTA), I must use FTA** in conjunction with STRONG Act tuition reimbursement. **Failure to do so will result in a reduced reimbursement amount.** I understand it is my sole responsibility to determine my FTA eligibility by contacting the TNNG Education and Incentives Office or by contacting ArmyIgnitED. If I am **NOT eligible** for FTA at the time of this request submission, I must notify the STRONG Act Manager providing proof/verification. _____ (Initials)

I understand if I am **a non-scholarship Army ROTC Cadet**, I may be eligible for, and therefore required to, use FTA in conjunction with TN STRONG. It is my responsibility to determine my FTA eligibility by contacting the TNNG Education and Incentives Office or ArmyIgnitED. _____ (Initials)

I understand if I am attending a private institution, any reimbursement I receive will be capped at the state's average cost of in-state tuition established by the TN Higher Education Commission. ____ (Initials)

I understand that actual tuition reimbursement may be adjusted based on any FTA, federal, state, and/or other military education benefits received during the term STRONG Act is requested. _____ (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 understand I cannot exceed **120 undergraduate credit hours or 40 graduate credit hours** of reimbursement inclusive of any transfer or awarded semester hours I have been given credit for prior to TN STRONG Act usage. _____ (Initials)

I understand I must achieve a **GPA of 2.0 for undergraduate** level courses or a **GPA of 3.0 for graduate** level courses for the academic period which STRONG Act tuition reimbursement is being requested._____ (Initials)

I understand if I am applying for TN STRONG Act tuition reimbursement for a **graduate program**, and used STRONG Act funds for **any** portion of my undergraduate degree, I must have graduated from military advanced leadership training **and** I will provide documentation (e.g. Army DA1059 or Air VMPF RIP education portion) of said training with my initial application request._____ (Initials)

Advanced leadership training is defined as:

ARMY	AIR
Advanced Leaders Course (ALC)	Airmen Leadership School (ALS)
Warrant Officer Advanced Course (WOAC)	Squadron Officer School (SOS)
Captains Career Course (CCC)	

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

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

I understand I must notify the State Tuition Assistance Managers if this funding **results in a degree (Associates, Bachelor's or Master's)**. _____ (Initials)

I understand that my questions regarding the program, application process, or payment information should be directed to the State Tuition Assistance Manager. _____ (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. _____ (Initials)

I understand that the STRONG Act tuition reimbursement program is subject to the availability of funds and appropriations as set by the Tennessee State Legislature and any limitations set forth in Public Chapter No. 216. _____ (Initials)

Applicant's Signature_____ **Date**_____

(See Guidelines and Instructions for '*ArmyIgnited*' accounts on tn.gov/military/programs-benefits/education-incentives.)

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, disciplinary 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 request that the student complete this form at the time of registration. This release allows the chosen postsecondary institution listed below to discuss this information with the Tennessee National Guard without 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 (PII) from my education records to the Tennessee National Guard, as my institution finds appropriate.

_____ I hereby authorize the release of my grades, upon availability, to the Tennessee National Guard

_____ I hereby authorize the release of information related to my student account and any 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: _____