

**2018-2019 Student Application
Alabama National Guard Educational Assistance Program
FAFSA Completion Required**

NOTE: A separate application must be submitted for each semester or quarter aid is requested.

Date Received at ACHE

SECTION I. TO BE COMPLETED BY APPLICANT IN BLACK INK (Please Print)

Applicant Status: Air Guard Army Guard
(Check One)

1. Name: _____ 2. Social Security Number: _____
Last First Middle

3. Birth Date: _____ 4. Cell Phone: _____ 5. Email Address: _____

6. Mailing Address: _____
Street City State Zip

7. Certificate/Degree Program: _____ 8. Undergraduate Graduate
(Check One)

9. Unit of Assignment: _____

I certify that I meet the student eligibility requirements listed on this form, that I have never been disqualified under this program, that the information on this application is true and correct to the best of my knowledge and belief, and that any false or willful misrepresentation will disqualify me from participation in the Alabama National Guard Educational Assistance Program.

I understand that if I fail to satisfy eligibility requirements for participation in the program, (i.e., termination from the Guard, unsatisfactory academic performance, or separation from the Guard within four years after receiving the last ANGEAP assistance), I will be liable for repayment of any amount received.

I also understand that once my application has been approved and I do not attend school, I could jeopardize any further entitlements to educational assistance if I do not notify the Alabama Commission on Higher Education.

I agree that the Alabama Military Department, the institution, and the Alabama Commission on Higher Education have my permission to verify information contained on this application.

Signature of Student

Date

SECTION II. TO BE COMPLETED BY INSTITUTION -- 2018-19 \$5,232.00 per semester; \$3,924.00 per quarter

FAFSA Completion on File Yes No

Hours of Enrollment: _____

Enrollment Dates: _____ to _____

ANGEAP Request: Amount
\$ _____

Semester:

- Fall 2018
 Spring 2019
 Summer 2019

Quarter:

- Fall 2018
 Winter 2019
 Spring 2019
 Summer 2019

DO NOT SUBMIT IF AMOUNT IS
LESS THAN \$100.00

INSTITUTION

School OPEID Number

Signature of VA REP/FINANCIAL AID COORDINATOR

Date

SECTION III. TO BE COMPLETED BY STATE MILITARY DEPARTMENT

I hereby certify 1) that the applicant has completed basic training, 2) the information on this application has been verified, and 3) the applicant meets the qualifications for participation in this program.

Signature of Education Services Officer

Date