

REQUEST FOR MAINE STATE TUITION ASSISTANCE

Data required by the Privacy Act of 1974

1. Applicant Data

APPLICANT'S NAME (Last, First, MI)	GRADE	DOD ID	BMT Grad DATE	ETS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Unit of Assignment				DAYTIME PHONE
<input style="width: 95%;" type="text"/>				<input style="width: 95%;" type="text"/>
EMAIL ADDRESS				EVENING PHONE
<input style="width: 95%;" type="text"/>				<input style="width: 95%;" type="text"/>

2. School Data

DEGREE TYPE (ie. Associate, Bachelors)	MAJOR		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
SCHOOL NAME	SCHOOL LOCATION (City, State)	SEMESTER START DATE	SEMESTER END DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3. Course Data

DEPT (ENG)	COURSE NUMBER	COURSE NAME	CLASS TYPE (Classrm, online)	NUMBER OF CREDIT HOURS	COST/ CREDIT HOUR	TOTAL COURSE TUITION COST

Total Credit Hrs Total Cost/Credit Hrs Total Tuition

Semester Totals:

--	--	--

4. Statement of Understanding : Applicant must read and sign in order for the form to be considered complete.

I certify that the information presented on this form is accurate to the best of my knowledge and that I am eligible for tuition assistance IAW current policies.

- | | |
|--|---|
| <ul style="list-style-type: none"> • I do not currently have a bachelor's degree • I am enrolled in a degree program • I have not applied for more than 130SH using Maine State TA • I agree to reimburse the MeNG the tuition paid if I withdraw or fail to complete the course (after add/drop period has ended) | <ul style="list-style-type: none"> • I agree to reimburse the MeNG the tuition paid if I do not remain in good academic standing (at least 2.0 on a 4.0 scale) • I agree to reimburse the MeNG the tuition paid if I fail to remain a member of the Maine NG for 1 year after the completion of the semester I am applying for • I agree to reimburse the MeNG the tuition paid if I do not remain a satisfactory participant in the MeANG |
|--|---|

Signature of Applicant	Date Signed (YYYYMMDD)
------------------------	------------------------

I certify that I have reviewed this form for accuracy and completeness and that the applicant is eligible for tuition assistance IAW current policies.

Printed Name	Office Phone Number	Date
Signature of MeANG Education Office Representative		