

MANGR 35-4

**SECTION I. PRIVACY ACT STATEMENT**

1. AUTHORITY: 10 USC 275, Order 9397, and MARNGR 600-1/MARNGR 35-4.
2. PRINCIPAL PURPOSE: The purpose for requiring individual's SSN which is also the military service number, is to positively identify the individual applying for benefits.
3. ROUTINE USES: Routine uses of the SSN are for rosters used for various accountability reasons and fiscal accounting purposes for those individuals to receive benefits.
4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: Mandatory disclosure is necessary for the individual who has received benefits to be credited properly. Without the SSN, it is possible to credit the wrong individual for benefits.

**MS NATIONAL GUARD STATE EDUCATION ASSISTANCE PROGRAM (SEAP)**

I HAVE COMPLETED A FIRST BACCALAUREATE DEGREE: YES (DO NOT COMPLETE FORM) NO

Air Guard Army Guard ROTC Cadet

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

**SECTION II. PERSONAL DATA (Type or Print in dark ink)**

1. Name (Last, First, MI)		2. Social Security Number		3. Rank	4. Sex	5. Date of Enlistment
6. Date of Birth		7. Unit of Assignment			8. Date of Separation (ETS/MSD/MRD) <small>DATE CURRENT CONTRACT ENDS ETS MUST COVER ENTIRE SEMESTER/TERM</small>	
9. County in which Registered to Vote		10. Home Address (Street Address, Apt. No., City, State, Zip)				
11. Telephone Number (123-45-6987)		12. Student Classification (Check One) <i>Fr</i> <input type="checkbox"/> <i>So</i> <input type="checkbox"/> <i>Jr</i> <input type="checkbox"/> <i>Sr</i> <input type="checkbox"/>		13. Hours Enrolled for semester applying for SEAP		
14. School Attending <small>JR. COL/TECH. COLLEGE SR. COL</small>		15. Will you be using FTA or GI Bill? <b>FTA</b> <input type="checkbox"/> <b>GI Bill</b> <input type="checkbox"/> <small>Yes No IF Yes, Select Chapter</small>		16. Semester Start Date Semester Term <b>DO NOT APPLY IF SEMESTER HAS STARTED</b>		

**SECTION III. CRITERIA DATA**

MARK YES OR NO AS APPLICABLE TO THE BELOW STATEMENTS

YES NO

1. I have previously received SEAP benefits (if YES, GPA will be verified).	
2. I have completed basic military training, am a cadet, an officer candidate, a warrant officer, or a commissioned officer in the Mississippi National Guard.	
3. I am a resident of the State of Mississippi and, if eighteen (18) years of age or over, a qualified elector (MS Registered Voter). <b>(THE EDUCATION OFFICE WILL VERIFY WITH THE STATE VOTER STATUS FOR FIRST TIME USE OF SEAP)</b>	
4. I am an active drilling member <b>WITH NO FLAGS</b> with the Mississippi National Guard at the time of application and will remain so during the entire semester/term for which benefits are received. <b>(THE EDU OFFICE WILL VERIFY STANDING)</b>	
5. I am enrolled or planning to enroll in <b>UNDERGRADUATE STUDIES</b> at a regionally accredited Mississippi school with a <b>CURRENT SEMESTER GPA of</b> <b>(Eligibility: CURRENT SEMESTER GPA must be 2.0 or greater or satisfactorily completed a vocational course that does not produce a GPA)</b>	
6. It is my responsibility to submit this completed electronic application with all required documentation each semester or term: <b>NO LATER THAN 1 August for the Fall Semester and 1 January for the Spring Semester.</b>	YOUR INITIALS
7. I understand that using Chapter 33 (Post 9/11) GI Bill at any percentage tier, makes me ineligible for SEAP funds.	YOUR INITIALS
8. I understand by using SEAP funds that my ETS from the MS National Guard is after the last day that SEAP funds are used.	YOUR INITIALS
9. Email application with any applicable paperwork to MSNG Education office to: <a href="mailto:ng.ms.msarng.mbx.education-office@army.mil">ng.ms.msarng.mbx.education-office@army.mil</a>	YOUR INITIALS

**SECTION IV. FOR CORRESPONDENCE PURPOSES ONLY**

My student email address is:

My student ID number is:

**I HAVE READ-UNDERSTOOD-AND AGREE TO ALL OF THE ABOVE CONDITIONS, and I understand by signing this form I have all required attachments and/or my semester GPA that SEAP paid for is a 2.0 or better. I understand that fraud or misrepresentation will disqualify me from SEAP benefits and make me liable to repay the benefits.**

For correspondence purposes, call the education office at 601-313-6300 or email [ng.ms.msarng.mbx.education-office@army.mil](mailto:ng.ms.msarng.mbx.education-office@army.mil)

DATE

SIGNATURE