



**SOUTH CAROLINA NATIONAL GUARD
COLLEGE ASSISTANCE PROGRAM (SCNG-CAP)
APPLICATION AND STATEMENT OF UNDERSTANDING
TAG-MP-ESO, Stop #19, 1 National Guard Road, Columbia, SC 29201
Fax: 803-299-4254**



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| CIRCLE ONE: | ARMY NATIONAL GUARD | AIR NATIONAL GUARD |
|--------------------|----------------------------|---------------------------|

INITIALS

1. I am aware that I may receive up to \$4,500 (Army)/\$9,000 (Air) dollars per academic year for a cumulative total of \$18,000. _____
2. I understand that SCNG-CAP is available to all Guard members on a first come/first serve basis based on established priority/critical needs lists determined by the ARNG. _____
3. I understand that SCNG-CAP is used only for coursework related to a first two-year program or associates degree, or first bachelors, or a program of study that is structured so as not to require a bachelors degree for acceptance into the program (and leads to a graduate degree). Service members with a bachelors degree are not eligible. _____
4. I understand and agree to reimburse or suffer recoupment action for tuition paid if I withdraw, do not complete a course or become an unsatisfactory participant. _____
5. I understand that SCNG-CAP is only applicable to state public and independent institutions of higher learning whose major campus and headquarters are located within South Carolina. _____
6. I understand that SCANG-CAP must be applied for prior to the start date of the class for which I am seeking funding and annually for each academic year. _____
7. I hereby consent to the release of financial information pertaining to my student account and the release of grades and/or course completion status at the institution indicated on my request for SCNG-CAP to the SC Commission on Higher Education and the SCNG POC processing tuition payment(s) on my behalf. _____
8. I am not receiving an ROTC scholarship for tuition or room and board. _____
9. I understand that I must maintain all requirements for satisfactory academic progress towards degree/program completion as established by the institution. _____
10. **FOR OFFICERS ONLY:** I understand that as a commissioned officer I will incur 4 years of Reserve Component military service after course end date and that failure to complete my 4-year obligation may initiate recoupment action. _____

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| NAME (LAST, FIRST, MI) | SSN | RANK/GRADE |
| MAILING ADDRESS (Street, City, State, Zip) | PHONE NUMBER | |
| AKO EMAIL ADDRESS | UNIT | MOS/AFSC |
| COURSE START DATE | EDUCATIONAL INSTITUTION (HOME) | CAMPUS LOC. |
| | | DEGREE: Assoc Bach |

By signing below, I certify that I have read and understand the Statement of Understanding:

| | |
|---|---------------------|
| SIGNATURE OF APPLICANT | DATE |
| -----Education Service Office Use Only----- | |
| SIGNATURE OF SCNG-CAP MANAGER | DATE |
| | DATE of Eligibility |