

**NORTH CAROLINA NATIONAL GUARD  
APPLICATION FOR TUITION ASSISTANCE (NC TAP)**

**SECTION I: COMPLETED BY APPLICANT**

NAME (Last, First, MI, Maiden)

SOCIAL SECURITY NUMBER

RANK/GRADE

MAILING ADDRESS (Street, Box, Number)

CURRENT PHONE NUMBER (Include Area Code)

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

UNIT OF ASSIGNMENT: \_\_\_\_\_ PRN: \_\_\_\_\_

WILL YOU BE APPLYING FOR ACES TA FOR THIS SAME PERIOD? YES \_\_\_\_\_ NO \_\_\_\_\_

ORIGINAL SIGNATURE OF APPLICANT (Read APPLICANT'S CERTIFICATION on reverse side.) \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION II: COMPLETED BY NCNG UNIT COMMANDER**

This certifies that the applicant has an ETS of \_\_\_\_\_, which meets the minimum service obligation of **2 years** remaining in the NCNG at the end of the academic period for which this award will be applied. This further certifies that the applicant is \_\_\_\_\_ is not \_\_\_\_\_ in good standing in this unit.

SIGNATURE OF CDR OR AUTH REP

TITLE

DATE

**SECTION III: COMPLETED BY EDUCATIONAL INSTITUTION**

State law requires that NCNG monetary assistance be applied to the cost of tuition and required fees only and paid directly to the educational institution for credit to the recipient's account.

***This application must be confined to one academic term.***

NAME OF EDUCATIONAL INSTITUTION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

1. Applicant plans to enroll \_\_\_\_\_ is enrolled \_\_\_\_\_ in the following course of study:
2. Applicant is applying for tuition assistance for the Fall I / Fall II / Spring I / Spring II / Summer I / Summer II term beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.
3. Actual cost of tuition and required fees for this term is \$ \_\_\_\_\_.

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF SCHOOL OFFICIAL

TITLE

DATE

E-MAIL ADDRESS

PHONE NUMBER