

# Wyoming National Guard Educational Assistance Plan

## Application Packet and Instructions

**Completion of TAG WY Form 51-E, see WAR 621-5 Wyoming National Guard Education Assistance Plan, dated Nov 2001**

### INSTRUCTIONS:

1. If you would like to discuss your educational options and benefits, or if you need assistance with completing this packet, contact the Wyoming National Guard Education Office:

Telephone: 307-772-5262

1-800-832-1959, ext 5262

E-mail: shellie.franklin@wy.ngb.army.mil

Web site for applications and additional information:

2. Complete and sign the Information Sheet.

3. Ask your unit commander or his/her representative to complete and sign the Certificate of Eligibility.

4. Complete and sign the Agreement to Terms and Conditions.

5. Take this completed Application Packet to the Veterans Administration representative's office at the educational institution you plan to attend. A list of authorized institutions is included in this packet.

6. If you are attending more than one approved institution simultaneously, you must complete an application packet for each institution.

**WYOMING NATIONAL GUARD  
APPROVED SCHOOL LIST  
FOR FY 03/04**

1. University of Wyoming PH# 766-2116  
P.O. Box 3335  
Laramie, WY 82071
2. Laramie County Com. College PH# 778-5222  
1400 East College Drive  
Cheyenne, WY 82007
3. Casper College PH# 268-2667  
125 College Drive  
Casper, WY 82601
4. Central Wyoming College PH#856-9291  
2660 Peck Ave.  
Riverton, WY 82501
5. Eastern Wyoming College PH#532-8200  
3200 West C Street  
Torrington, WY 82240
6. Northern Wyoming College PH#674-6446  
3059 Coffeen Ave.  
Sheridan, WY 82801
7. Northwest College PH# 754-6400  
231 West 6<sup>th</sup> St.  
Powell, WY 82435
8. Western Wyo. Com. College PH#382-1643  
2500 College Drive  
Rock Springs, WY 82901
9. Wyoming Technical Institute PH#755-2117  
4373 North 3<sup>rd</sup> St.  
Laramie, WY 82070
10. Embry-Riddle Aero. Univ. PH#634-9693  
1205 Black Powder Rd.  
F.E. Warren AFB, WY 82006
11. Academy of Hair Design PH# 577-0619  
146 North Jackson  
Casper, WY 82601
12. Cheeks Int. Academy of Beauty PH#637-8700  
207 West 18<sup>th</sup> St  
Cheyenne, WY 82001
13. Cosmetic Arts & Science Beauty PH#234-9181  
1968 CY Avenue  
Casper, WY 82602
14. Int. Academy of Hair design PH#742-4477  
2133 East Garfield  
Laramie, WY 82070
15. Sage PH#234-0242  
2368 Oil Drive  
Casper, WY 82604
16. Sage PH# 778-8041  
280 North American Road  
Cheyenne, WY 82001
17. Wyoming Air Corporation PH#472-3400  
1837 East 3rd  
Casper, WY 82601
18. Wyo. Law Enforce. Academy PH#358-3617  
1556 Riverbend Drive  
Douglas, WY 82633
19. Northern Wyo. Cosmetology PH#754-4124  
220 South Douglas  
Powell, WY 82435
20. Park University Ph# 632-1092  
1205 Black Powder Road  
F.E. Warren AFB, WY 82005

# INFORMATION SHEET

## WYOMING NATIONAL GUARD EDUCATIONAL ASSISTANCE PLAN

(For use of this form see WAR 621-5 dtd Nov 2001)

**AUTHORITY:** Wyoming Statute 19-9-501 through 504  
**PRINCIPAL PURPOSE(S):** To explain obligation and eligibility requirements for entitlement to the educational assistance.  
**ROUTINE USES:** Provide information on eligibility, entitlement and repayment for the educational assistance plan to the Wyoming National Guard, Institutions and administrator of the funds.  
**DISCLOSURE:** Disclosure of information is mandatory. This form is the only authority which can be used to authorize payment of benefits and/or recoup monies from a Guard member who fails to fulfill the two or six year service obligation.

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ RANK \_\_\_\_\_ UNIT OF ASSIGNMENT \_\_\_\_\_

ARMY GUARD \_\_\_\_\_ AIR GUARD \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE with AREA CODE \_\_\_\_\_ HOME PHONE with AREA CODE \_\_\_\_\_

E-MAIL ADDRESS (used most often) \_\_\_\_\_

### EDUCATIONAL GOAL

Identify your educational goal \_\_\_\_\_ INSTITUTION \_\_\_\_\_  
\_\_\_\_ Certificate/Program  
\_\_\_\_ Associate Degree  
\_\_\_\_ Bachelor Degree  
\_\_\_\_ Graduate Degree (Specify degree) \_\_\_\_\_

Guard member signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Institution Verification:

\_\_\_\_ Received completed application packet (Information Sheet, Agreement to Terms & Conditions and Certificate of Eligibility)  
\_\_\_\_ Meets academic eligibility as defined by institution

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount to bill for Educational Assistance \$ \_\_\_\_\_ # of hrs enrolled \_\_\_\_\_ Semester/Term \_\_\_\_\_

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(Previous Editions of TAG WY Form 51-E are obsolete)

**AGREEMENT TO TERMS AND CONDITIONS**  
**WYOMING NATIONAL GUARD EDUCATIONAL ASSISTANCE PLAN**  
(For use of this form see WAR 621-5 dtd Nov 01)

|                              |  |
|------------------------------|--|
| <b>AUTHORITY:</b>            | Wyoming Statute 19-9-501 through 504   |
| <b>PRINCIPAL PURPOSE(S):</b> | To explain obligation and eligibility requirements for entitlement to the educational assistance.  |
| <b>ROUTINE USES:</b>         | Provide information on eligibility, entitlement and repayment for the educational assistance plan to the Wyoming National Guard, Institutions and administrator of the funds.  |
| <b>DISCLOSURE:</b>           | Disclosure of information is mandatory. This form is the only authority which can be used to authorize payment of benefits and/or recoup monies from a Guard member who fails to fulfill the two or six year service obligation. |

Name: \_\_\_\_\_  
Last Name, First Name, MI

Social Security Number: \_\_\_\_\_ Rank: \_\_\_\_\_ Date: \_\_\_\_\_

**Initial all paragraphs of understanding. If not applicable, enter "NA."**

**ELIGIBILITY**

\_\_\_\_\_ As an Army/Air Guard member I have successfully completed Basic Military Training;  
Or  
\_\_\_\_\_ As an Army/Air Guard member I have successfully completed Officer Candidate Training or Professional Military Education as basic officer training;  
And  
\_\_\_\_\_ I will meet the standards for satisfactory participation in the active Wyoming National Guard, as defined under REQUIREMENTS below, at the beginning of and throughout the entire academic term for which assistance is received;  
And  
\_\_\_\_\_ I agree to serve or have served in the Wyoming National Guard for not less than six (6) years.

**RELEASE OF ACADEMIC INFORMATION TO WYOMING NATIONAL GUARD**

\_\_\_\_\_ In consideration for participating in the Educational Assistance Plan, I agree to provide up on request information concerning my academic progress and cumulative grade point average to the Wyoming National Guard. In addition, for participating in the Plan, I freely give to any institution receiving funds under the Plan, permission to release to the Wyoming National Guard's office which administers the Plan, the following information: cumulative grade point averages, and whether my academic progress meets academic eligibility as defined by the institution and Federal Department of Education rules for completion rate and maximum time frame.

**REQUIREMENTS**

\_\_\_\_\_ I am an active Guard member in good standing, which means I have no bars to reenlistment and I am not being processed for separation. Separation exceptions are transfer between Wyoming National Guard elements (WY ARNG and WY ANG), reenlistment, and appointment as an officer or warrant officer in the Wyoming National Guard.

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\_\_\_\_\_ I am a satisfactory participant in the Guard, which means that I am an active member in the Wyoming Guard and have not exceeded eight unexcused absences in the past twelve months immediately prior to enrollment in the plan .

\_\_\_\_\_ I will maintain satisfactory participation in the Guard while enrolled in school.

\_\_\_\_\_ I agree to serve in the Wyoming National Guard for two (2) years after the last day of the last academic term for which I receive assistance. This two (2) year service period may be within the original six (6) year commitment.

\_\_\_\_\_ I have declared the following academic major or educational objective \_\_\_\_\_.

\_\_\_\_\_ I understand that I must maintain satisfactory academic progress as defined the Federal Department of Education rules for completion rate and maximum time frame as interpreted by the institution.

\_\_\_\_\_ I understand that satisfactory academic progress includes the requirements to maintain a cumulative grade point average of at least 2.0 (C) on a 4.0 scale, or its equivalent.

\_\_\_\_\_ I understand that if I fail to earn a cumulative grade point average of at least 2.0 on a 4.0 scale, or its equivalent, that I will be ineligible for educational assistance under the plan until I attain a cumulative 2.0 GPA by attending school on my own.

\_\_\_\_\_ I understand that I cannot audit a course but I may repeat a course which I received a letter grade of "D" or "F" and requires a "C" grade or better for my degree.

\_\_\_\_\_ I understand that regardless of state residency I may receive benefits to take distance learning courses at qualified Wyoming public or private institutions of higher education but that those benefits will not exceed the amount of resident tuition and mandatory fees.

\_\_\_\_\_ I understand that if I drop some or all of my classes, any tuition refund will be returned by the institution to the administrator of the plan.

## RESTRICTIONS

\_\_\_\_\_ I understand that the Educational Assistance Plan may be available only as funds are provided by the Wyoming Legislature. If funds are curtailed, a priority shall be established by the Adjutant General to meet the needs of the Guard and goals of the legislature.

\_\_\_\_\_ I understand that to be eligible for this assistance I must attend one of the qualified schools listed in the application packet.

\_\_\_\_\_ I understand that at Wyoming **public** institutions of higher education, payment may be made for up to the full cost of the institution's resident tuition and mandatory fees (which are fees charges to all students)

\_\_\_\_\_ I understand that at a Wyoming **private** institution of higher education payment will be determined by the Deputy Military Administrator. The administrator will determine the maximum amount for each semester as an undergraduate student enrolled for twelve (12) semester hours.

\_\_\_\_\_ I understand that payment will be made directly to the institution not to me.

\_\_\_\_\_ I understand that the combination of state educational assistance and any Military Federal Tuition Assistance cannot exceed one hundred percent (100%) of my tuition and mandatory fees.

\_\_\_\_\_ I understand that I can receive both state educational assistance and Montgomery GI Bill benefits.

\_\_\_\_\_ I understand that I may complete one (1) degree, certificate or other educational objective using this educational assistance. The only degree combination the Plan will cover is an associate/ bachelor combination, or certificate/ associate/bachelor, providing the combination will lead toward a bachelor degree.

\_\_\_\_\_ I understand that I have up to a period of ten (10) years after initial enrollment in the plan to complete one degree, certificate or other educational objective. Disqualification for any term does not extend the ten year period.

### **REPAYMENT**

\_\_\_\_\_ I understand that if I fail to meet the standards for satisfactory participation in the Guard prior to or any time during the term I will repay educational assistance granted under the plan for that academic term.

\_\_\_\_\_ I understand that if I fail to meet the standards for member in good standing in the Guard prior to or any time during the term I will repay educational assistance granted under the plan for that academic term.

\_\_\_\_\_ I understand that if I fail to complete the initial six (6) year commitment required by W.S. 19-9-503(a) (iii) then I shall repay all educational assistance received under the plan.

\_\_\_\_\_ I understand that if I fail to complete the two (2) year requirement to remain in the Wyoming National Guard after my last term of educational assistance I shall repay all educational assistance received under the plan.

\_\_\_\_\_ I understand that if I withdraw after the institution refund period that I will be required to reimburse a percentage of funds used for that term to the Educational Assistance Program and then I will be eligible to apply again.

\_\_\_\_\_ I understand that in the event of my death repayment will be automatically waived.

\_\_\_\_\_ I understand that I can request a waiver from the Personnel Board for the above repayment requirements. A waiver may be granted for incapacity, family hardships or other good cause. The waiver will be reviewed and a determination made on a case-by-case basis. Submission of the waiver does not guarantee approval.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CERTIFICATE OF ELIGIBILITY**  
**WYOMING NATIONAL GUARD EDUCATIONAL ASSISTANCE PLAN**  
(For use of this form see WAR 621-5 dtd Nov 01)

This Certificate of Eligibility verifies whether Wyoming National Guard members are in good standing and satisfactory participants for eligibility in the Wyoming National Guard Educational Assistance Plan. (Initial and mark all that apply)

*A member in 'good standing' is an active member of the Wyoming National Guard who is not serving under a Bar to Reenlistment and/or is not being processed for separation. Separation exceptions are individuals transferring between the Wyoming National Guard elements (WY ARNG and WY ANG), reenlistments, or appointments as officers or warrant officers in the Wyoming National Guard.*

\_\_\_\_\_ soldier is not under bar to reenlistment.

\_\_\_\_\_ soldier/airman is not being processed for separation except as listed above.

*A 'satisfactory participant' is an active member of the Wyoming National Guard who has not exceeded eight unexcused absences in the past twelve months immediately prior to and while enrolled in the plan .*

\_\_\_\_\_ soldier/airman has not exceeded eight (8) unexcused absences.

*A Wyoming National Guard member who meets both the criteria for 'Good Standing' and 'Satisfactory Participation' is eligible for participation in the Wyoming National Guard Educational Assistance Plan.*

Soldier/Airman Name \_\_\_\_\_ Date \_\_\_\_\_

SSN# \_\_\_\_\_ School \_\_\_\_\_ Term \_\_\_\_\_

As of this date and based upon a review of the records of the above named soldier/airman, I verify that this individual is

\_\_\_\_\_ **eligible**

\_\_\_\_\_ **not eligible**

for participation in the Wyoming National Guard Educational Assistance Plan.

Unit Name: \_\_\_\_\_ Unit Phone \_\_\_\_\_

Unit Address: \_\_\_\_\_

Commander or Unit Representative Name (print) \_\_\_\_\_

Commander or Unit Representative Name (signature) \_\_\_\_\_

Date: \_\_\_\_\_

**(Previous Editions of TAG WY Form 51-E are obsolete)**

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