



**IOWA AIR NATIONAL GUARD
CERTIFICATION AND AUTHORIZATION OF ELIGIBILITY FOR
National Guard Education Assistance Program (NGEAP)**

Visit: <https://www.iowacollegeaid.gov/>

SECTION 1: MEMBER (APPLICANT) INFORMATION

Rank	Name (Last, First, MI)	Last Four SSN#	Unit Name
Preferred Telephone Number: () -		Preferred Email Address:	

Select The Semester You Are Requesting Approval To Participate In*

Spring__ yr_____ Fall__ yr_____

SECTION 2: MEMBER CERTIFICATION

REQUIRED: READ BEFORE SIGNING!

I have read the Iowa NGEAP Memo for eligibility and understand this form is part of the application to be completed online at: <https://www.iowacollegeaid.gov/>

I understand the awarding of State Tuition Assistance is contingent on the following:

1. Availability of funds
2. My continuous satisfactory performance in the Iowa Air National National Guard/ Current passing AFPFT
3. Be a resident of the state of Iowa and attending an Iowa school.
4. Satisfactorily completed required initial entry training.

I certify that I am in good standings as a drilling member of the Iowa Air National Guard and acknowledge that I must remain in good standings for the length of the sponsored semester. **If I fail to adhere to this agreement I shall repay the tuition assistance granted, including all fees and interest. I assume all responsibility for tuition expenses beyond the amount approved by the State Tuition Assistance Office.**

*Signature _____ Date _____

SECTION 3: UNIT COMMANDER/SUPERVISOR DATA VERIFICATION

WARNING!

DATA MUST BE VERIFIED THROUGH OFFICIAL PERSONNEL SYSTEM!

Date of AFPFT and Score	Current ETS or Extension Date	AFSC

Comments

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SECTION 4: UNIT COMMANDER/ SUPERVISOR CERTIFICATIONS

WARNING!

DO NOT LEAVE SECTIONS BLANK!

I certify that the above information on the above named applicant has been **EXTRACTED FROM OFFICIAL RECORDS.**

I certify that no adverse actions are pending which could result in the individual not being retained in the Iowa National Guard or from meeting any extended tour obligation incurred if funds are approved.

I certify that the above named applicant is maintaining **SATISFACTORY PERFORMANCE LEVELS.**

I certify that the above named applicant has received my **RECOMMENDATION** to participate in the State Tuition Assistance Program for the stated semester.

Rank	Printed Name	Telephone #	Unit Name	Date	Signature
		() -			

Work Email Address:

LATE & INCOMPLETE FORMS WILL BE REJECTED

**MEMBERS: COMPLETED FORM MUST BE RETURNED TO THE RETENTION OFFICE OR EMAIL
brian.d.roupe.mil@mail.mil NLT 1 July or 1 December respectively.**