



Application Instructions for Tennessee STRONG Act Tuition Reimbursement



In order to receive reimbursement funds, a complete, signed reimbursement request, billing statement and grades must be submitted to the Air or Army mailboxes below

NO LATER THAN 45 DAYS AFTER THE LAST DAY OF CLASS.

*****Check with your post-secondary institutions for any deferment deadlines!*****

Follow detailed instructions below.

TN STRONG Act Tuition Reimbursement Request Form:

Section I - Members Information: Complete in full, blocks 1-16.

Section II- Members Waiver & Certification - Read statement, sign and date as required.

I Incomplete/illegible applications will be returned without action!

*****ONLY DOD CAC signatures will be accepted*****

Section III- Enrollment Certification: Take to certifying official at postsecondary institution to complete and verify classes and costs!

Section IV- State TA Manager (STA) Review: Completed by State Tuition Assistance Manager once complete application is submitted to respective branch STA.

TN STRONG Act Tuition Reimbursement Statement of Understanding (SOU):

Applicants must read and comply with all stipulations of the SOU (www.tn.gov/military/programs-benefits/education-incentives/state-ta.html). Your CAC signature on the TN STRONG Act Tuition Reimbursement Request Form is legal acknowledgment for record.

Once application request is complete, email to either Air or Army mailboxes. Document must be sent as a PDF. Use contact information listed below for questions relevant to your branch of service.

Air Contact: MSGT Joseph Wilson - Comm: (615) 313-0849; DSN: 683-0849
ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-air@army.mil

Army Contact: Mr. Stephen Biase - Comm: (615) 313-0737; DSN: 683-0737
ng.tn.tnarng.mbx.ngtn-state-tuition-assistance-army@army.mil

Tennessee National Guard STRONG Act Program

Tuition Reimbursement Request

This document contains information exempt from mandatory disclosure under the FOIA.
This document also contains personal information that is protected by the Privacy Act of 1974
and must be safeguarded from unauthorized disclosure

SECTION I – MEMBER’S INFORMATION

1. Member’s Name (Last, First, MI):	2. Gender(M/F)	3. Date of Birth (YYYYMMDD)	4. Rank/Grade	5. SSN:
6. Permanent Home Address:		7. City	8. State:	9. Zip Code:
10. Phone Number (Home, Cell, Work)		11. Valid Email Address (Work, Civilian, Military)		
12. Unit of Assignment & Location:		13a. Branch Of Service: <input type="checkbox"/> Air Guard <input type="checkbox"/> Army Guard 13b. Duty Status: <input type="checkbox"/> Traditional <input type="checkbox"/> Active Guard Reserve(AGR)		
14. Current Education Path: <input type="checkbox"/> Certification <input type="checkbox"/> Associate’s Degree <input type="checkbox"/> Bachelor’s Degree <input type="checkbox"/> Master’s Degree		15. Enlistment Date: (YYYY-MM-DD)	16. ETS Date: (YYYY-MM-DD)	

SECTION II – MEMBERS WAIVER & CERTIFICATION

By signing this form, I agree to have my transcript, itemized bill and pertinent academic information released to the TNG JFHQ A-1/JFHQ G-1. I understand that my acceptance for the STRONG Act tuition reimbursement program is based upon availability of funding.

Under the Family Educational Rights and Privacy Act (FERPA), the postsecondary institution listed below is permitted to disclose information from my education records to the Tennessee National Guard with my consent. By signing this form I agree to allow my postsecondary institution to release information from my academic records.

_____ I have carefully read the Tennessee National Guard STRONG Act Tuition Reimbursement Statement of Understanding (www.tn.gov/military/programs-benefits/education-incentives/state-ta.html) and will abide by the stipulations within.

_____ I consent to the disclosure of any personally identifiable information (PII) from my education records to the Tennessee National Guard, as my institution finds appropriate.

_____ I hereby authorize the release of my grades, upon availability, to the Tennessee National Guard.

_____ I hereby authorize the release of information related to my student account and any financial aid received, including oral and/or written communication with the postsecondary institution listed below, as requested.

Postsecondary Institution Name:	Member's CAC Signature:
Postsecondary Institution POC:	Date Signed (YYYY-MM-DD):

SECTION III- Enrollment Certification******Filled by Certification Official at Postsecondary Institution******

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Request the postsecondary institution provide the following information in order to certify member's enrollment to complete the application packet for TN STRONG Act tuition reimbursement.

Name of Student (Last, First, Middle Initial):SSN: (Last 4)Degree Major:**ENROLLMENT DATA**

<u>Class Start/End Dates</u> (YYYY-MM-DD)		<u>Course</u> <u>Number</u>	<u>Course Title</u>	<u>Total</u> <u>Hours</u>	<u>Tuition \$</u> <u>Per Hour</u>	<u>Course</u> <u>Fee</u>	<u>Total</u> <u>Tuition</u> <u>Charges</u>
<u>Start</u>	<u>End</u>						

Total Graduate Program Fees:

Total Course Fees:

Mandatory Fees:

Total Credit Hours Earned Towards Degree:Number of Hours Enrolled:Total Tuition and Fee Charges:**CERTIFICATIONS** – The provisions described on this sheet are certified to be correct as of date signed below.Printed Name of Certifying Official:

Email:

Signature of Certifying Official:Educational Institution:Date Signed:
(YYYY-MM-DD)**SECTION IV- STA MANAGER REVIEW**

I certify that the Member's application packet contains all required documents and I have properly reviewed this application packet.

☐ Accepted☐ RejectedTuition Amount
Accepted:

STA Manager Signature:

Date: