

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
FLORIDA NATIONAL GUARD
OFFICE OF THE ADJUTANT GENERAL
ST. FRANCIS BARRACKS, P.O. BOX 1008
ST. AUGUSTINE, FL 32085-1008

April 8, 2008

Military Personnel

MS CHRISTINE COTHRON
PRESIDENT
FIRST COAST TECHNICAL INSTITUTE
2980 COLLINS AVENUE
ST AUGUSTINE FL 32095

Dear Sir / Madam,

The Florida National Guard (FNG) Educational Dollars For Duty Program (EDD) pays 100% of eligible guardsmen's tuition and fees. It has been determined that the EDD Program can pay for our Florida National Guard Members that desire to attend a Vocational Technical Center. The EDD Program will pay all class related tuition and fees but will not pay for books or equipment. Please provide this information to your financial aid department so that it can disseminated to Florida National Guardsmen that attend your institution.

The approval for attendance by the Guardsman and authorization for billing to DMA is done by FNG form 621-5-2, or electronic version FLNG FORM 704 Application For Educational Assistance In The Florida National Guard. This form will be sent directly to the school after certification by the State Education Program Administrator. An example of the form is attached, please note the billing instructions in part 3.

It is requested that your school provide contact information for submitting approvals, billings and payments.

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will
do this

If you have any questions please contact the State Education Program Administrator Andy Rusnak at (904) 823-0351, FAX (904) 823-0309 or email andy.rusnak@fl.ngb.army.mil, mailing address Department of Military Affairs, DCSPER-EDD, PO Box 1008 St Augustine FL 32085-1008.

Your attention to this matter is greatly appreciated.

Sincerely,



Andy Rusnak
State Education Program Administrator

Enclosure

APPLICATION FOR EDUCATIONAL ASSISTANCE IN THE FLORIDA NATIONAL GUARD

INSTRUCTIONS: Applicant is responsible for the validity of the information entered in Part 1 and for reviewing FNG Pam 621-5-2. Submit prior to established deadlines to: Department of Military Affairs, Attn: DCSPER-STEP/EDD, P.O. Box 1008, St Augustine, FL 32085-1008. **A separate application is required for each semester or enrollment period.** APPLICATIONS MAY BE SUBMITTED TO DCSPER 90 DAYS PRIOR TO TERM. **MUST BE SUBMITTED WITHIN 45 DAYS OF TERM.**

Part 1: TO BE COMPLETED BY APPLICANT

1. NAME: (LAST-FIRST-MI):		2. SOCIAL SECURITY NUMBER:		3. RANK/GRADE:		4. SELECT COMPONENT: <input type="checkbox"/> ARMY <input type="checkbox"/> AIR	
5. HOME ADDRESS: STREET ADDRESS/P.O. BOX: _____				6. TELEPHONE NUMBERS: HOME/CELL: () - () - WORK (CIV): () - Ext DUTY (MIL): DSN:			
CITY: _____ STATE: _____ ZIP CODE: _____				7. EMAIL ADDRESS (REQUIRED, OFFICIAL PREFERRED): OFFICIAL: PERSONAL:		8. UNIT AND LOCATION:	
9. UNIT PRN:		11. EDUCATIONAL GOALS: <input type="checkbox"/> ASSOCIATE (2 YR) <input type="checkbox"/> BACHELOR (4 YR) <input type="checkbox"/> VOCATIONAL/TECHNICAL CERTIFICATE MUST PROVIDE PROGRAM OF STUDY OR PROGRAM REQUIREMENTS FOR DEGREE/CERTIFICATE AT TIME OF INITIAL ENROLLMENT IN STEP OR EDD PROGRAM		12. PROGRAM APPLYING FOR: <input type="checkbox"/> STEP <input type="checkbox"/> EDD		13. ENROLLMENT STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
14. SCHOOL ATTENDING:		15. DATES OR TERM FOR WHICH YOU ARE APPLYING:		NOTES:			
NUMBER OF CREDIT HOURS ATTENDING:							

CERTIFICATION: I, the applicant, hereby certify that the information I have entered in Part 1 is true and correct to the best of my knowledge. As a condition of acceptance of benefits, I hereby agree to abide by the provisions of Florida Statute 250.10 and FNG Pam 621-5-2 specifically the 3 year service obligation after use of the program and specifically, to reimburse the State of Florida any monies paid by the State on my behalf for which I do not maintain entitlement. I understand that if I fail to meet my required military service obligation that I will be required to reimburse monies paid on my behalf to the State of Florida. I agree to furnish the program administrator a degree plan for the degree I am seeking. I agree to furnish the Program Administrator a copy of grades or a completion certificate for this period of schooling. I further understand that all EDD approvals are conditional pending submission of grades from previous term.

16. SIGNATURE OF APPLICANT:	17. DATE SIGNED (yyyy-mm-dd):
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Part 2: TO BE COMPLETED BY APPLICANT'S UNIT COMMANDER

I HEREBY CERTIFY THAT THE APPLICANT MEETS THE PROGRAM ELIGIBILITY REQUIREMENTS OF FNG PAM 621-5-2 AND IS SATISFACTORILY PERFORMING ALL MILITARY DUTIES AS A MEMBER OF THE FNG.

18. ETS DATE OR MRD (OFFICERS) OF APPLICANT:	19.	20
21. UNIT COMMANDER'S NAME AND DUTY PHONE:	22. SIGNATURE OF COMMANDER:	23. DATE: APPROVED

Part 3: TO BE COMPLETED BY DEPARTMENT OF MILITARY AFFAIRS

CERTIFICATION FOR PROGRAM ELIGIBILITY FOR REGISTRAR/BUSINESS OFFICE

1. IN ACCORDANCE WITH FLORIDA STATUTE, THE ABOVE INDIVIDUAL IS ENTITLED TO THE FOLLOWING EDUCATIONAL BENEFITS AS A MEMBER OF THE FLORIDA NATIONAL GUARD:

- PURSUANT TO PARAGRAPH (8a), THE ABOVE INDIVIDUAL IS ENTITLED TO AN EXEMPTION OF ONE-HALF PAYMENT OF TUITION AND FEES.
- PURSUANT TO PARAGRAPH (8a), THE ABOVE INDIVIDUAL IS ENTITLED TO AN EXEMPTION OF ONE-HALF PAYMENT OF TUITION AND FEES. ADDITIONALLY, PURSUANT TO PARAGRAPH (8b), YOU ARE HEREBY AUTHORIZED TO BILL THE DEPARTMENT OF MILITARY AFFAIRS, STATE OF FLORIDA FOR ONE-HALF TUITION AND FEES FOR THE FOLLOWING REQUIRED COURSE (WHICH THE ABOVE INDIVIDUAL HAS BEEN UNABLE TO OBTAIN ADMISSION TO ON AT LEAST ONE OTHER OCCASION) IN THE FOLLOWING AMOUNT:

COURSE TITLE: _____ AMOUNT AUTHORIZED TO BILL _____

- PURSUANT TO PARAGRAPH (8c), THE ABOVE INDIVIDUAL, IS ENTITLED TO PAYMENT OF TUITION AND FEES IN THE FOLLOWING AMOUNT:

AMOUNT AUTHORIZED TO BILL: _____ NUMBER OF SEMESTER HOURS TO BE TAKEN _____

2. ANY DIFFERENCES BETWEEN THE AMOUNT OF TUITION AND FEES AUTHORIZED HEREIN TO BE PAID BY THE DEPARTMENT OF MILITARY AFFAIRS AND THE TOTAL TUITION AND FEES CHARGED BY YOUR INSTITUTION FOR THIS ENROLLMENT PERIOD SHALL BE THE INDIVIDUAL'S RESPONSIBILITY FOR PAYMENT.

3. SUBMIT INVOICE, ORIGINAL AND ONE COPY, TO: DEPARTMENT OF MILITARY AFFAIRS, ATTN: DCSPER-STEP/EDD POX 1008, ST. AUGUSTINE, FL 32085-1008. INVOICE MUST INCLUDE INDIVIDUAL'S NAME, SSN, COURSES AND CREDIT HOURS TAKEN AND COST BEING BILLED FOR EACH INDIVIDUAL, FEDERAL ID NUMBER, 29 DIGIT SAMAS ACCOUNT CODE AND OBJECT CODE (UNIVERSITIES ONLY), SCHOOL NAME, POINT OF CONTACT, AND MAILING ADDRESS.

5. QUESTION SHOULD BE ADDRESSED TO THE UNDERSIGNED AT THE ADDRESS IN PARAGRAPH 4 ABOVE. THE TELEPHONE NUMBER IS (904) 823-0351.

(DATE OF AUTHORIZATION)

SIGNATURE OF AUTHORIZING OFFICIAL)