

REQUEST FOR MAINE STATE TUITION ASSISTANCE

1. Applicant Data

APPLICANT'S NAME (Last, First, MI) <input style="width: 95%;" type="text"/>	RANK <input style="width: 40%;" type="text"/>	LAST 4 of SSN <input style="width: 40%;" type="text"/>	DATE GRAD BASIC(MMYYYY) <input style="width: 95%;" type="text"/>	ETS (MMYY) <input style="width: 40%;" type="text"/>
EMAIL ADDRESS - (Can be personal, or military - Enter one you check regularly) <input style="width: 95%;" type="text"/>			CONTACT PHONE # <input style="width: 95%;" type="text"/>	

2. School Data

DEGREE TYPE (Associate, Bachelors) <input style="width: 95%;" type="text"/>	SCHOOL NAME <input style="width: 95%;" type="text"/>
APPLIED FOR FASFA? <input style="width: 40%;" type="text"/>	SEMESTER START DATE <input style="width: 40%;" type="text"/>
	SEMESTER END DATE <input style="width: 40%;" type="text"/>

3. Course Data

DEPT (ENG)	COURSE NUMBER	COURSE NAME	# OF CREDIT HOURS	COST PER CREDIT HOUR	TOTAL COURSE TUITION COST
Semester Totals:			TOTAL # CREDIT HOURS <input style="width: 40%;" type="text"/>		TOTAL TUITION COST <input style="width: 95%;" type="text"/>

4. Review

<i>I certify that the information presented on this form is accurate to the best of my knowledge and that I am eligible for tuition assistance IAW current policies.</i>	<i>I certify that I have reviewed this form for accuracy and completeness and that the applicant is eligible for tuition assistance IAW current policies.</i>
Printed Name _____ Date Signed (MMDDYY) _____	Printed Name _____ Office Phone Number _____
Signature of Applicant <input style="width: 95%;" type="text"/>	Signature of MEARNG Education Office Representative <input style="width: 95%;" type="text"/>

5. Submit

Completed form can be submitted via Fax or Email.
 Fax: (207)-430-6502
 Email: ng.me.mearng.list.j1-esos@army.mil
****CALL AND CONFIRM MEARNG EDUCATION CENTER HAS RECIEVED YOUR APPLICATION (207) 430-5922****

Application Deadlines:
 Spring - 31 Dec
 Summer - 31 May
 Fall - 31 Jul