

CNG EAAP RENEWAL APPLICATION 2020-21



1. Last Name	First Na	ame MI	2. Grade	3. Social Security Number *
-4. Mailing Addres	3	City		5. State Zip C
6.Date of Birth 7. Phone Number		8. Currently	accepted,	9. E-mail Address
(mm/dd/yyyy)			d, or enrolled i	
		- Undergr		
		— □ Certifi — □ Graduat	cate / Diploma	
10. I am an activ	ro mombor of the	Braduat	e bedates	
	e member or one			
California National Guard			y National Guar	d
I I			National Guard	•
State Mi	litary Reserve	——————————————————————————————————————	te Military Res	erve
		Nava	ıl Militia	
11. I have been	accepted to, registe	ered at, or e	n rolled in, a q	ualifying institution for the:
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I declare under penalty of perjury, under the laws of the State of California that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in the application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial to participate in the program and subject to prosecution under the Uniform Code of Military Justice.

I authorize the California Student Aid Commission and the California Military Department to receive and release any student records and any application information between institutions and appropriate public and private

Applicant's Signature

Date

G-162

See Attached State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security number

State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about them. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained of this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The Social Security Number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of the policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.



CMD GI BILL RENEWAL APPLICATION

20xx-xx

K
CSAC
CALIFORNIA
STUDENT AID
COMMISSION

TO BE COMPLETE	D BY THE PAR	TICIPA	NT (Print	or Type)	COMMISSION					
1. Last Name	First Name	MI	2. Grade	3. DOD ID	4. Social Security Number *					
		_								
5. Mailing Address			 City	State	Zip Code					
J. Mailing Address		}	<u>crcy</u>	bcace	<u>21p code</u>					
6. Date of Birth (mm/dd/yyyy)	7. Phone Number		Will be registen in:	ered	9. E-mail Address					
(matt/ dd/ yyyy)			Certificate /	/ Diploma						
			Associate's							
	☐ Bachelor's ☐ Graduate Studies									
] Doctorate							
10. I am an active	member of the	V.								
California	National Guard			□ California	Army National Cuard					
	<u>National Guard</u> State Guard				Army National Guard Air National Guard					
				California						
				□ California	Naval Militia					
11. I will be acce	pted to, registe	red at,	or enrolled	in, a qualifying	institution for the:					
FALL	20xx WI	NTER 20x	x S	PRING 20xx	SUMMER 20xx					
(Enter QT for					or FT for Full Time Enrollment)					
Name of insti	itution									
Name of insti										
8-digit school	ol code									
Housing Dlane	. П оп Сатана	□ off c		h Danant						
Housing Flans	s: On Campus	U OII Ca	ampus <u>u</u> wit	II Parent						
12. Desired Certif		oloma (in	clude subjec	t area):						
_										
Expected Comp.	letion Date (Mont	:h/Year):	-		_					
Prior Degree(s	s)Received (Bache	lor's, G	raduate, or	Doctoral):						
				·						
Completion Day	te(s)(Month/Year)	<u> </u>								
	-				ch award would you prefer?					
(By law, you c	annot receive di	sburseme	nts from both		the same academic year.) GI Bill CAL GRANT					
					amount for each applicable term)					
	<u> </u>				Percentage Receiving%					
	tirely through d				•					
If no, zip c	ode of instituti	on atten	ding							
					STEM Scholarship \square Yes \square No					
	Montgomery GI Bil									
	of (check one): Montgomery GI B				<u>ars</u>					
	the College Fun				ram: \$ per month					
Other		. (-1	, , , , , , , , , , , , , , , , , , , ,	,	(Chapter and name					
15. Other federal	educational ben	efits/tu	ition assist	ance for veteran	s you will receive:					
	c amount for each a			THE TOT AGEET ALL	S you will receive.					
	WINTER:			\$ SU	MMER: \$					
☐ Ch. 31 -	Vocational Rehab	ilitatio	n & Employmer	nt (VR&E) Program	<u>n</u>					
	Veterans Education									
	Dependents' Educa larship 1				eral Tuition Assistance (FTA)					
Other	Tarpiith	Nacional	call to serv	vice riogiam	(Chanter and name)					

BY MY SIGNATURE I UNDERSTAND AND AGREE THAT I:

must submit the CMD GI Bill Renewal Application by the deadline of 1 June, or I will be withdrawn and lose my priority ranking;

- must submit the California Military Department GI Bill Award Program Renewal Statement of Understanding for the academic year I am applying for, or I will be withdrawn and lose my priority ranking;
- will use the award to obtain a certificate, degree, or diploma that I do not hold at this time;
- will maintain enrollment in at least three (3) academic units per semester, or the equivalent thereof at an eligible institution;
- will maintain at least a 2.0 cumulative grade point average (GPA);
- shall not receive disbursements from both a CMD GI Bill Award and any Cal Grant Award for the same academic year;
- must elect between an award under the CMD GI Bill and any Cal Grant Award for the same academic year;
- will remain an active member in the California Military Department (California Army or Air National Guard, the
 California State Guard or the California Naval Militia) throughout the period I participate in the CMD GI
 Bill;
- must do the following, if I entered the Program as of the 2020-21 AY:
 - o submit the Service Commitment Acknowledgement form by the deadline of 1 June, or I will be withdrawn and lose my priority ranking;
 - o serve two years in the California Military Department (California Army or Air National Guard, the California State Guard, or the California Naval Militia) upon completion of the last academic period that I used educational assistance under this program;
 - o complete my course of study within 10 years of initial acceptance into the program; and
- may utilize my remaining program eligibility pursuant to section 30734 (h) to obtain a subsequent degree if I entered the Program prior to the 2020-21 AY;
- will comply with all laws and regulations applicable to the program; and
- am aware that funding appropriations are contingent upon approved California budget acts.

I declare under penalty of perjury, under the laws of the State of California that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in the application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial to participate in the program and subject to prosecution under the Uniform Code of Military Justice. I authorize the California Student Aid Commission and the California Military Department to receive and release any student records and any application information between institutions and appropriate public and private agencies. I will provide documentation to verify all information provided, if requested.

Applicant's Signature

G-162

Date

• See Attached State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security number

State of California Information Practices Act (IPA) of 1977 <u>& Use of Your Social Security Number</u>

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about them. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained of this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

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