

Application for Educational Dollars for Duty (EDD) 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-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 15 prior to start date.

Part 1: Applicant Data

1. Applicant's Name: (Last, First, MI): <input style="width: 150px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 40px;" type="text"/>		2. Social Security Number <input style="width: 150px;" type="text"/>		3. Rank: <input style="width: 100px;" type="text"/>		4. Unit PRN: <input style="width: 100px;" type="text"/>	
5. Select Component: Army <input type="checkbox"/> Air <input type="checkbox"/>			6. Home Address: (street address/P.O. box): <input style="width: 450px;" type="text"/>				
7. City: <input style="width: 150px;" type="text"/>		8. State: <input style="width: 80px;" type="text"/>	9. Zip Code: <input style="width: 100px;" type="text"/>		10. Organization of Assignment (Unit): <input style="width: 400px;" type="text"/>		
11. Telephone Numbers: Home: <input style="width: 100px;" type="text"/> Cell: <input style="width: 100px;" type="text"/> Work: <input style="width: 100px;" type="text"/> Ext: <input style="width: 80px;" type="text"/>				12. Email Address: Official (AKO)/(GLOBAL) <input style="width: 150px;" type="text"/> Personal: <input style="width: 150px;" type="text"/>			
13. Receiving post 9/11 Chapter 33 GI Bill for the classes requested If approved, EDD will be applied to the remaining percentage of tuition not covered by Chapter 33, not to exceed 100% of total tuition. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate what %. <input style="width: 50px;" type="text"/> %				14. Must provide program of Study or Program Requirements for Degree/Certificate at time of initial enrollment in EDD Program I AGREE TO SUBMIT DEGREE PLAN <input type="checkbox"/>			

Part 2: School Data

15. Name of School Attending and address: <input style="width: 350px;" type="text"/>		16. School Counselor Data: Name: <input style="width: 150px;" type="text"/> Phone: <input style="width: 100px;" type="text"/> Ext: <input style="width: 80px;" type="text"/>	
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Part 3: Course Data

17. Dept & Number	18. Course Title	19. # of Credit Hrs	20. Cost Per Hour	21. Fees	22. Total Per Course
A. <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$0.00
B. <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$0.00
C. <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$0.00
D. <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$0.00
E. <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$0.00
F. <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$0.00

23. Course Start (Date)	24. Course End (Date)	25a.	25b.	25c.	25d.
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	0	<input style="width: 100px;" type="text"/>	\$0.00	\$0.00

25e. Total Tuition Assistance Requested **Not Approved Amount** (see Part 4. for Approved Amount).

Part 4: Completed by the Department of Military Affairs (EDD) Manager

26. Total EDD Manager Approved:	26a. # of Credit Hrs: <input type="text"/>	26b. Cost Per Hour: <input type="text"/>	26c. Fees: <input type="text"/>	26d. Total amount Approved: <input type="text"/>
27. EDD Manager Approved Signature:		28. Date Application Approved:		

Part 5: To be Completed by Applicant and Unit Commander

29. **Applicants Certification:** I, the applicant, hereby certify that the information I have entered in the above sections to be 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 and block 29 specifically, to reimburse the State of Florida and 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. As an officer in the Florida National Guard the EDD service obligation of commissioned officers and warrant officers ends on the last day of their Mandatory Service Obligation (MSO) or any applicable Active Duty Service Obligation (ADSO), unless earlier terminated by their Mandatory Removal Date (MRD).

I agree to furnish the EDD program administrator a degree plan for the degree I am seeking. I agree to furnish the EDD 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(S). I understand EDD is not an entitlement, but rather a benefit contingent on funding. By accepting tuition payment by the Florida Department of Military Affairs, I authorize the requested Educational Institution indicated in BLOCK 15 to release grades to the Florida Department of Military Affairs for the class dates indicated in BLOCKS 23 and 24. I agree to complete all required documentation required by my educational institution in order for grades to be released to the Florida Department of Military Affairs.

30. Signature of Applicant:	31. Date Application Signed:
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32. 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.

33. Signature of Commander:	34. Date Commander Signed:
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35. **Submit invoice, Original , to the Department of Military Affairs, Attn: DCSPER-EDD P.O. Box 1008, St. Augustine, FL, 32085-1008. Invoice must include individual's name, SSN, Courses, Course Codes 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.**

36. **The request for your social security number or other Taxpayer Identification Number, is authorized by 26 U.S.C. 6041 and related IRS regulations. Your social security number will be used to fulfill an agency duty to maintain your social security number in confidence based on 26 U.S.C. 6103, Chapter 119.071(5) (a)2 and Sec. 213.053, Florida Statutes. It will be used to assure that only the employee whose payroll or personnel records are being accessed may access the information for that employee. Your SSN may also be used for any other purpose specifically required or authorized by state or federal law.**