

NGAR Form 621-A	
Appendix 3, 1 July 2013	
CHECKLIST FOR THE ARKANSAS NATIONAL GUARD TUITION INCENTIVE PROGRAM (GTIP)	
ATTENTION: This checklist acts as a cover sheet for the AR ARNGR 621-202 Arkansas National Guard Tuition Incentive Program application dated 1 July 2013.	
Section 1 Service Member (SM)	
Name (Last, First, MI)	
1. Have you completed nine or more credit hours?	Yes or No
If yes, have you submitted your degree plan to the Education Services Office?	Yes or No
2. Dates for requested semester.	Start:
	End:
3. Do you have your most recent transcript attached if you have previously received GTIP?	Yes or No
<div style="display: flex; justify-content: space-between;"> _____ _____ </div>	
(Signature of Service Member) (Date Submitted)	
Section 2 Unit	
1. Does the SM have 15 years or less in the Arkansas National Guard? (If yes, the SM is eligible for GTIP.)	Yes or No
2. Does the SM have a score of 50 or higher on the Armed Forces Qualification Test? (DO Form 1966 pg. 1, MEPCOM 680, or MEPCOM 714) (If no, the SM is not eligible for GTIP.)	Yes or No
	Score:
3. Is the SM in good standing/satisfactory participant in the Arkansas National Guard? (If no, the SM is not eligible for GTIP.)	Yes or No
4. Is the SM enrolled full time (12 hrs.) at an Arkansas Department of Higher Education approved institution? (If no, the SM is not eligible for GTIP.)	Yes or No
5. Is the SM NPS or PS?	NPS or PS
If NPS, did the SM enlist for at least six years? (DD Form 1966 pg 3, 32a)	Yes or No
If PS, did the SM reenlist/extend for at least 3 years? (DA Form 4836)	Yes or No
6. Is the SM a Warrant or Commissioned Officer?	Yes or No
If yes, does the SM have a DA Form 5447-R with at least a two-year commitment?	Yes or No
7. Is the SM in the Simultaneous Membership Program (SMP)?	Yes or No
If yes, is the SM in Advanced ROTC (junior/senior year), and has SM contracted GFRD/DARNGS?	Yes or No
8. Is the SM in OCS?	Yes or No
9. Is the SM an AGR, Mil Tech, or M-Day (traditional drilling) soldier?	Select...
<div style="display: flex; justify-content: space-between;"> _____ _____ </div>	
(Signature of Authorized Unit Official) (Date Submitted)	
(Print name of Authorized Unit Official)	

NGAR 621-202		Appendix 2, 1 July 2013	
Application for the Arkansas National Guard Tuition Incentive Program (GTIP)			
Section I		Privacy Act Statement	
<p>1. AUTHORITY: 10 USC 275, Order 9397, NGAR 621-202, and State Statue Act 2109.</p> <p>2. PRINCIPAL PURPOSE: The purpose for requiring the individual SSAN which is also the service number is to positively identify the individual applying for the benefits.</p> <p>3. ROUTINE USES: Routine uses of the SSAN are for rosters used for various accountability reasons and fiscal accounting purposes for those individuals to receive the benefits.</p> <p>4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: Mandatory disclosure is necessary for the individual who has received benefits to be credited properly. Without SSAN, it is possible to credit the wrong individual for benefits.</p>			
Section II		PERSONAL DATA	
1. NAME (LAST, FIRST, MI)		2. SSN	13. Pay Grade/OCS/ROTC
4. SEX	15. ETS/MSD/MRD	6. Date of Birth	7. Unit of Assignment
9. Home Address (Street Address, City, State, ZIP)		10. Email Address	8. Date of Enlistment
11. MOS/AFSC		12. Telephone Number	13. Student Classification (MUST HAVE) FR____SO____JR____SR____
14. Number of Hours Enrolled	15. School Attending	16. No. of Times Received GTIP	17. Semester Start
Section III			CRITERIA DATA (Initial Appropriate Block)
			YES
			NO
1. I am a member of the Arkansas National Guard and understand that I must remain so during my enlistment obligation under which benefits are received.			
2. I have completed a baccalaureate degree. (If yes, the SM is not eligible for GTIP.)			
3. I meet requirements for enlistment or reenlistment into the Arkansas National Guard.			
4. I understand GTIP funds are authorized for Undergraduate Degrees only.			
5. I understand that this application must be received by the Education Services Center between 01 July and 15 August for the Fall semester and 01 November and 15 December for the Spring semester.			
6. I certify that the required attachment(s) is/are included in this application, and I understand that fraud or misrepresentation will disqualify me from GTIP benefits and make me liable to repay benefits (i.e. transcripts/grades & degree plan).			
7. I understand that my ability to benefit from this program depends on availability of funds.			
8. I understand I will receive a letter from the Education Office indicating if I was approved or denied GTIP.			
9. I understand late applications (email, post date, fax date) will not be accepted.			
10. Have you ever been mobilized?			
11. Is this your only source of tuition assistance?			
12. I have previously received GTIP benefits.			
<p>Return this form to: Military Department of Arkansas, ATTN: DCSPER-ED, Camp Robinson, North Little Rock, AR 72199-9600 E-mail: ng.ar.ararmg.list.education-office@mail.mil Fax: 501-212-5449 Must be accompanied by NGAR Form 621A, signed by Unit Commander or Authorized Representative</p>			
_____ (Signature of Applicant)			_____ (Date Submitted)