

**APPLICATION FOR SOUTH DAKOTA NATIONAL GUARD
TUITION ASSISTANCE (SDCL 33-6)**

AUTHORITY: AR 340-21, Proponent Agency is DCSPER-ED.

PRINCIPAL PURPOSE: State Tuition Assistance Application.

PRIVACY ACT STATEMENT

SECTION I - PERSONAL DATA

NAME: (Last, First, MI)	CURRENT ETS DATE	RANK	DOD #
MAILING ADDRESS: (Street, City, State, Zip)	EMAIL ADDRESS		STUDENT ID #

INDICATE WHERE YOU ARE CURRENTLY ENROLLED FOR TERM IN WHICH BENEFITS ARE BEING SOUGHT.

FROM: MMYYYY	TO: MMYYYY	NAME AND LOCATION OF SCHOOL:	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	ESTIMATED DATE OF GRADUATION: (MMYYYY)
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CHECK ALL EDUCATIONAL ASSISTANCE BENEFITS BELOW THAT YOU WILL BE APPLYING FOR THE TERM

- FEDERAL TUITION ASSISTANCE STATE TUITION ASSISTANCE GI BILL

CERTIFICATION BY APPLICANT

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND HEREBY MAKE APPLICATION FOR REDUCED TUITION. I AGREE THAT IF IT IS DETERMINED THAT I AM INELIGIBLE FOR SUCH REDUCED TUITION, UNDER THE ELIGIBILITY REQUIREMENTS SET FORTH IN SDCL 33-6-7 (REVERSE OF THIS FORM), I WILL IMMEDIATELY PAY ANY DEFICIENCY CAUSED BY THIS INELIGIBILITY. EXCEPTION TO POLICY SUBMISSION WINDOW WILL CLOSE AT THE END OF THE CURRENT TERM BENEFITS ARE BEING SOUGHT.

I, THE APPLICANT, AUTHORIZE THE RELEASE OF THIS MILITARY INFORMATION TO ALL EDUCATION REPRESENTATIVES AND STATE SCHOOL OFFICIALS TO DETERMINE BENEFIT ELIGIBILITY.

(PLEASE INITIAL) _____

SECTION II - MILITARY SERVICE

UNIT OF ASSIGNMENT/ATTACHMENT AND ADDRESS: _____

- CURRENT SDNG MEMBER IADT BASIC TRAINING COMPLETED MEETS ATTENDANCE REQUIREMENT (SDCL 33-6-7)

CERTIFICATION BY COMMANDING OFFICER OR AUTHORIZED REPRESENTATIVE

I HEREBY CERTIFY, THAT AS OF THE DATE OF THIS APPLICATION; I AM AN AUTHORIZED REPRESENTATIVE OF THE UNIT OF ASSIGNMENT/ATTACHMENT FOR THE ABOVE APPLICANT; THAT THE APPLICANT IS A MEMBER OF THE SOUTH DAKOTA NATIONAL GUARD; HAS SATISFACTORILY COMPLETED INITIAL ACTIVE DUTY FOR TRAINING (IADT – BASIC TRAINING), AND IS SATISFACTORILY PERFORMING INACTIVE DUTY TRAINING AND ANNUAL TRAINING WITH HIS/HER UNIT OF ASSIGNMENT/ATTACHMENT.

Click to sign _____
(Signature of Authorizing Official) Date

SECTION III - STATE EDUCATION OFFICE

I HEREBY CERTIFY, THAT AS THE DATE OF THIS APPLICATION: I AM AUTHORIZED REPRESENTATIVE OF THE STATE EDUCATION OFFICE; THAT THE APPLICANT MEETS STATE TUITION ELIGIBILITY FOR TERM INDICATED IN THIS APPLICATION PER SDCL 33-6-7(1-3).

Click to sign _____
(Digital Signature) Date

SECTION IV - SCHOOL USE ONLY

- APPROVED: DISAPPROVED: REVIEW SH CAP ELIGIBILITY MEETS ACADEMIC STANDARD

AMOUNT OF HALF TUITION: _____

(School Official's Signature) _____ Date Signed _____

INSTRUCTIONS TO APPLICANT FOR COMPLETING TUITION ASSISTANCE APPLICATION

SDNG MEMBER: COMPLETE SECTION I, INITIAL APPLICANT CERTIFICATION, ATTACH CLASS SCHEDULE AND SUBMIT TO PARENT UNIT FOR VERIFICATION OF MILITARY SERVICE AND OFFICER/ENLISTED LEADERSHIP SIGNATURE, IN SECTION II, WITHIN 60 DAYS PRIOR TO COURSE START DATE OR WITHIN 7 DAYS AFTER COURSE START DATE.

PARENT UNIT: COMPLETE SECTION II AND SUBMIT THE COMPLETED SDNG FORM 56 AND CLASS SCHEDULE DIRECTLY TO THE APPROPRIATE BRANCH OF THE SDNG EDUCATION OFFICE FOR APPROVAL. THE EDUCATION OFFICE WILL REVIEW AND SIGN SECTION III AND SUBMIT FORM TO THE APPLICANTS STATE SCHOOL FOR FURTHER ELIGIBILITY DETERMINATION.

PROCEDURES FOR OBTAINING REDUCED TUITION

1. EACH POST SECONDARY SCHOOL WILL APPROVE OR DISAPPROVE APPLICATIONS, BASED ON THEIR REQUIREMENTS CONCERNING RESIDENCE AND SATISFACTORY ACADEMIC PROGRESS AND REVIEW SEMESTER HOUR (SH) CAP ELIGIBILITY OF 128 SH's FOR UNDERGRADUATE PROGRAMS AND 32 SH's FOR GRADUATE PROGRAMS PER SDCL 33-6-7.
2. EACH INSTITUTION WILL PREPARE LISTS OF ALL APPROVED AND DISAPPROVED APPLICATIONS AND THE AMOUNTS OF TUITION PAYMENT INVOLVED AND FORWARD THESE LISTS TO THE DEPARTMENT OF EDUCATION OR SD BOARD OF REGENTS.
3. STUDENTS WITH APPROVED APPLICATIONS ENROLLED IN ONE OF THE INSTITUTIONS LISTED BELOW WILL RECEIVE A REDUCTION OF FIFTY PERCENT OF TUITION FOR CURRENT TERM PER SDCL 33-6-7(5).
4. FIFTY PERCENT FREE TUITION IS APPLICABLE FOR UNDERGRADUATE, VOCATIONAL OR GRADUATE STUDIES ONLY.

SD STATE SUPPORTED SCHOOLS

BLACK HILLS STATE UNIVERSITY- SPEARFISH, SD	LAKE AREA TECHNICAL INSTITUTE- WATERTOWN, SD
DAKOTA STATE UNIVERSITY- MADISON, SD	MITCHELL TECHNICAL INSTITUTE- MITCHELL, SD
NORTHERN STATE UNIVERSITY- ABERDEEN, SD	SOUTHEAST TECHNICAL INSTITUTE- SIOUX FALLS, SD
SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY- RAPID CITY, SD	WESTERN DAKOTA TECHNICAL INSTITUTE- RAPID CITY, SD
SOUTH DAKOTA STATE UNIVERSITY- BROOKINGS, SD	UNIVERSITY OF SOUTH DAKOTA- VERMILLION, SD
UNIVERSITY CENTER- RAPID CITY, SD	UNIVERSITY CENTER- SIOUX FALLS, SD
UNIVERSITY CENTER- PIERRE, SD	

PARTICIPATION ELIGIBILITY REQUIREMENTS

SDCL 33-6-7. ELIGIBILITY REQUIREMENTS FOR TUITION PRIVILEGE. TO BE ELIGIBLE FOR FIFTY PERCENT OF IN-STATE RESIDENT TUITION WITHOUT COST OR REIMBURSEMENT, A NATIONAL GUARD MEMBER SHALL:

- (1) BE A MEMBER OF THE SOUTH DAKOTA ARMY NATIONAL GUARD UNIT OR AIR NATIONAL GUARD UNIT THROUGHOUT EACH SEMESTER OR VOCATIONAL PROGRAM FOR WHICH THE MEMBER APPLIES FOR BENEFITS;
- (2) HAVE SATISFACTORILY COMPLETED REQUIRED INITIAL BASIC TRAINING;
- (3) HAVE SATISFACTORILY PERFORMED DUTY UPON RETURN FROM BASIC TRAINING, INCLUDING A MINIMUM NINETY PERCENT ATTENDANCE ON SCHEDULED DRILL DATES AND ANNUAL TRAINING WITH THE MEMBER'S PARENT UNIT;
- (4) MAINTAIN SATISFACTORY ACADEMIC PROGRESS; AND
- (5) PROVIDE PROPER NOTICE TO THE INSTITUTION AT THE TIME OF REGISTRATION FOR THE TERM IN WHICH THE BENEFITS ARE SOUGHT.

SD AIR GUARD MEMBER: ANY APPLICANT WHO IS DISAPPROVED CAN CONTACT THE RETENTION OFFICE AT (605) 988-5705 OR 114FW, 1201 W. ALGONQUIN ST. SIOUX FALLS, SD 57104.

SDARNG MEMBER: ANY APPLICANT WHOSE APPLICATION IS DISAPPROVED BY A SCHOOL MAY APPEAL WITHIN THE CURRENT TERM BENEFITS ARE SOUGHT THROUGH UNIT OF RECORD DIRECTLY TO SDARNG EDUCATION SERVICE OFFICE, JOINT FORCE HEADQUARTERS READINESS CENTER, 2823 WEST MAIN STREET, RAPID CITY SD, 57702 OR EMAIL ng.sd.sdarng.list.eso@mail.mil