

**SOUTH CAROLINA NATIONAL GUARD
COLLEGE ASSISTANCE PROGRAM (SCNG-CAP)
APPLICATION AND STATEMENT OF UNDERSTANDING
EDUCATION SERVICE OFFICE, 1225 BLUFF ROAD, COLUMBIA, SC 29201**

1. SCNG-CAP funds are available to all eligible South Carolina Army National Guard Soldiers on a **first come/first serve basis**. I understand that I may receive up to **\$4,500** per academic year and a cumulative total not to exceed **\$18,000**. These amounts are subject to the availability of funds.
2. SCNG-CAP funds are available for Guard members in an **active drilling status** and coded as a satisfactory participant. My initials confirm that I understand the following conditions:
 - a. _____ I have completed Basic Combat Training (BCT) **and** Advanced Individual Training (AIT).
 - b. _____ I am not currently flagged. If I am flagged during the semester, my eligibility will be suspended until the flag is removed.
 - c. _____ My Expiration of Term of Service (ETS) date cannot fall within the academic year SCNG-CAP funds are requested for. I must extend or reenlist or I will not be eligible for CAP funds.
 - d. _____ ROTC scholarship recipients are **not eligible** for SCNG-CAP funds.
 - e. _____ SCNG-CAP funds may only be used at State public and independent institutions of learning whose major campus is **headquartered** in South Carolina.
 - f. _____ SCNG-CAP funds are for coursework related to:
 1. First two-year degree program or associate degree;
 2. First Bachelor's degree;
 3. At least a one year educational program that leads to the first certificate or other recognized educational credential (e.g. Diploma).
 4. Program of study that is structured not requiring a Bachelor's degree for acceptance into the program leading to graduate degree.
3. Guard Members with over 130 credit hours or a first Bachelor's degree are not eligible for CAP funds. This includes credit hours attempted by the Soldier prior to enrolling in CAP.
4. SCNG-CAP funds can only be used at ONE academic institution per semester. If I transfer to another academic institution, it is my responsibility to notify the losing institution. A new application is required to determine continued CAP eligibility at the gaining institution.
5. SCNG-CAP applications must be submitted **ANNUALLY** to the Education Services Office (ESO). Applications will be accepted from **1 June to 1 August** each academic year.
6. The ESO will process SCNG-CAP applications in the order received until exhaustion of available SCNG-CAP funds. Availability of SCNG-CAP funding determines the number of approved applications.
7. Approval by the SCARNG ESO **DOES NOT** constitute the award of CAP funds. Soldiers must confirm eligibility with the home institution after notification is received from the ESO.
8. I understand that I must maintain all requirements for satisfactory academic progress towards degree completion as established by my academic institution.

9. I consent to the release of financial information pertaining to my student account and the release of grades and/or course completion status at the institution in which I am enrolled in and utilizing CAP funds to the South Carolina Commission on Higher Education.
10. **FOR OFFICERS ONLY:** I understand that as a commissioned officer I will incur a 4 year Reserve Duty Service Obligation to the South Carolina Army National Guard after completion of the last course for which CAP funds are being used or I will be subject to recoupment of CAP funds.

Printed Last Name, First Name, MI	Last 4 of SSN	Rank/Grade
Mailing Address (Street, City, State, Zip Code)	10 Digit Phone Number	
Email Address	ETS Date	
Course Start Date	Home Academic Institution	Campus Location
Enrolling for:	Fall Only	Spring Only
	Both Terms	

I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS FOR THE USE OF COLLEGE ASSISTANCE FUNDS AS VERIFIED BY MY SIGNATURE BELOW.

Signature of Applicant	Date
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SUBMIT COMPLETED APPLICATIONS (**ALL 3 PAGES**) TO:

EMAIL (preferred): ng.sc.scarng.list.cap-application@mail.mil

HAND CARRY OR MAIL TO: Education Services Office
1225 Bluff Road
Columbia, SC 29201

**FAMILY EDUCATION RIGHTS & PRIVACY ACT (FERPA)
CONSENT AND RELEASE FORM**

I, _____, the undersigned, hereby authorize
Print Last Name, First Name, MI

Name of Institution

(hereafter referred to as "the institution") and its authorized representative to photocopy and release specifically requested material documents or the complete and entire contents of my student financial, academic, personal, and all other records held by the institution upon request by the USPFO (The United States Property and Fiscal Office) Internal Review. These records may include, but not limited to, the following:

1. All financial aid records (records include: status of file, award and disbursement of funds information, academic and Satisfactory Academic Progress).
2. All academic/transcript records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).
3. All student account records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, and refund information).

I acknowledge by my signature that I understand that, although I am not required to release my records to these individual(s) or entities, I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the written revocation is delivered to the National Guard. I understand that any such revocation shall not affect the government agencies' authority and/or its authorized representatives or assigns to audit student records.

Signature

Date

SC NATIONAL GUARD COLLEGE ASSISTANCE PROGRAM (CAP)