

**SOUTH CAROLINA ARMY NATIONAL GUARD  
COLLEGE ASSISTANCE PROGRAM (SCNG-CAP)  
APPLICATION AND STATEMENT OF UNDERSTANDING  
TAG-MP-ESO, STOP # 19, 1 NATIONAL GUARD 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 I may receive up to **\$4,500** dollars per academic year and a cumulative total not to exceed **\$18,000** dollars. 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** and have met the following qualifications:

a. Basic Combat Training (BCT) **and** Advanced Individual Training (AIT) completed

b. Simultaneous Membership Program (SMP) Participants from Reserve Officer Training Corps (ROTC) programs

c. Split Option Program Soldiers **must** complete Basic Combat Training

d. **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.

e. **ROTC** scholarship recipients are **not eligible** for SCNG-CAP funds

f. SCNG-CAP funds are only applicable to state public and independent institutions of higher learning whose major campus is headquartered in South Carolina.

g. SCNG-CAP funds are for coursework related to:

1. **First** two-year degree program or associates degree

2. **First** bachelors degree **OR**

3. Program of study that is structured **not** requiring a bachelor's degree for acceptance into the program leading to graduate degree

4. SCNG-CAP is limited to **130** credit hours of undergraduate credit or a first bachelor's degree

5. Guard Members with over **130** credit hours or a first bachelor's degree are not eligible for CAP funds including credit hours attempted by the Soldier prior to enrolling in CAP.

6. SCNG-CAP funds can be used at one academic institution per semester

3. Submit SCNG- CAP applications **annually** to the Education Services Office (ESO). Applications are only accepted from **June 1<sup>st</sup>** through **August 1<sup>st</sup>** each academic year.

4. The ESO processes 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.
5. If I transfer mid-year to another academic institution then it is my responsibility to notify the losing institution. A new application is required for the new academic institution where I am transferring to in order to determine SCNG-CAP eligibility.
6. I hereby 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 at to the South Carolina Commission on Higher Education.
7. I understand that I must maintain all requirements for **satisfactory academic progress** towards degree completion as established by my academic institution.
8. **FOR OFFICERS ONLY:** I understand that as a commissioned officer that 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.
9. **I AGREE TO THE ABOVE CONDITIONS FOR THE USE OF COLLEGE ASSISTANCE PROGRAM FUNDS AS VERIFIED BY MY SIGNATURE BELOW**

<b>Printed Last Name, First Name, MI</b>	<b>SSN</b>	<b>Rank/Grade</b>
<b>Mailing Address (Street, City, State, ZIP Code)</b>		<b>Phone Number</b>
<b>Preferred Email Address</b>	<b>Unit</b>	<b>MOS</b>
<b>Course Start Date</b>	<b>Home Academic Institution</b>	<b>Campus Location</b>
<b>ETS Date</b>	<b><u>Enrolling for:</u></b>	<b>Fall Only    Spring Only    Both Terms</b>
<b>Signature of Applicant</b>		<b>DATE</b>

**SUBMIT COMPLETED APPLICATIONS TO:**

**EMAIL: [ng.sc.scarng.list.cap-application@mail.mil](mailto:ng.sc.scarng.list.cap-application@mail.mil)**

**HAND CARRY: Education Services Office**

**MAIL TO: 1225 Bluff Rd. Stop # 19      Columbia, SC 29201**

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

I, \_\_\_\_\_, the undersigned, hereby authorize  
(PLEASE PRINT FULL NAME)

\_\_\_\_\_  
(PLEASE PRINT NAME OF INSTITUTION)

(hereafter referred to as "the institution") and its authorized representatives 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 be 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:**