

**NEVADA NATIONAL GUARD SUMMER TUITION REIMBURSEMENT APPLICATION**

**NRS 412.143 Authorizes the payment of not more than 100% of the consolidated fee each semester for each member of the Nevada National Guard who attends of of the universities, state colleges, and community colleges within the Nevada System of Higher Education as a full-time or part-time student.**

**PART A - PERSONAL INFORMATION**

1) Print Name (Last, First, MI):		2) Rank:	3) Last 4 SSN:
4) Affiliation:	ARMY      AIR	5) Unit/Squadron:	
6) Mailing Address:		7) Phone:	
8) City, State, Zip		9) Email:	
10) Total Credit Hours Enrolled:	11) Term:	<b>Summer</b>	12) Year:
13) College/University attended		UNLV	UNR      NSC      CSN      TMCC      WNC      GBC

**PART B - EDUCATION INFORMATION**

1) Class Title	2) Course Start Date	3) Course End Date	4) Course type: mini, 1st, 2nd, 3rd	5) no. of credits	6) Cost per credit STATE USE ONLY

7) Total Reimbursement = STATE USE ONLY

**PART C - MEMBER CERTIFICATION**

I certify that the above information is true and correct. I understand that my reimbursement is subject to available funds.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART D - UNIT READINESS NCO CERTIFICATION**

I hereby certify that this individual is currently a member of the Nevada National Guard, and I will notify the Nevada National Guard Education Office of any changes in this individual's status. I also certify that all required documentation is present and has been completed correctly, to the best of my knowledge, completed correctly.

Readiness NCO Printed Name: \_\_\_\_\_

Readiness NCO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART E - BATTALION CAREER COUNSELOR CERTIFICATION**

I hereby certify that this individual is currently a member of the Nevada National Guard, and I will notify the Nevada National Guard Education Office of any changes in this individual's status. I also certify that all required documentation is present and has been, to the best of my knowledge, completed correctly.

Battalion/Squadron Career Counselor Printed Name: \_\_\_\_\_

Battalion Career/Squadron Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART G - STATE ADMIN OFFICE USE ONLY**

SFY		PV		P3	Date:	P4	Date:
Fund	Agency	Appr Unit	Object	Org	Control Number	Amount	
101	431	365311	7445				

**All State reimbursement programs will be processed pending available funding. If funding is unavailable for the fiscal year for which this application is being submitted, no reimbursement will be disbursed to the applicant. Deadlines must be adhered to.**