



# CNG EAAP INITIAL APPLICATION 2014-15



**TO BE COMPLETED BY THE APPLICANT (Print or Type)**

1. Last Name		First Name	MI	2. Grade	3. Social Security Number *
4. Mailing Address			City	State	ZIP Code
5. Years of Service in CNG / SMR / Naval Militia ____ Yrs		6. Date of Birth (mm/dd/yyyy)		7. Phone Number	
8. Currently accepted, registered, or enrolled in:		9. E-mail Address			
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Certificate / Diploma <input type="checkbox"/> Graduate Studies					

10. I am an active member of the

<input type="checkbox"/> California National Guard	<input type="checkbox"/> Army National Guard
<input type="checkbox"/> State Military Reserve	<input type="checkbox"/> Air National Guard
	<input type="checkbox"/> State Military Reserve
	<input type="checkbox"/> Naval Militia

11. I have been accepted to, registered at, or enrolled in, a qualifying institution for the:

\_\_\_\_\_ FALL 2014    \_\_\_\_\_ WINTER 2014    \_\_\_\_\_ SPRING 2015    \_\_\_\_\_ SUMMER 2015  
 (Enter QT for Quarter Time, HT for Half Time, TT for Three-Quarter Time, or FT for Full Time Enrollment)

Name of institution \_\_\_\_\_  
 8-digit school code \_\_\_\_\_

Housing Plans     On Campus     Off Campus     With Parent

School code can be found at [www.csac.ca.gov](http://www.csac.ca.gov) Look under Quick Hits Link for "Search For Cal Grant Eligible School"

Desired Certificate/Degree/Diploma: \_\_\_\_\_

Expected Completion Date (Month/Year): \_\_\_\_\_

12. Have you submitted a 2014-2015 Free Application for Federal Student Aid (FAFSA) to the U.S. Department of Education? (REQUIRED)     YES     NO

13. If you are eligible for both CNG EAAP and Cal Grant Award, which award would you prefer? (By law, you cannot receive disbursements from both awards during the same academic year.)

CNG EAAP     CAL GRANT

14. GI Bill benefits you will receive: (enter specific amount for each applicable Term)  FALL:    \$ _____    WINTER:    \$ _____  SPRING: \$ _____    SUMMER:    \$ _____	15. Other federal educational benefits/tuition Assistance for veterans you will receive: (enter specific amount for each applicable term)  FALL:    \$ _____    WINTER:    \$ _____  SPRING: \$ _____    SUMMER:    \$ _____
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The following information is for California Student Aid Commission statistical reporting purposes only: (REQUIRED)

16. Gender     Male     Female

17. I describe myself as one of the following:

<input type="checkbox"/> (01) African American	<input type="checkbox"/> (07) Filipino	<input type="checkbox"/> (13) Guamanian or Chamorro
<input type="checkbox"/> (02) Latino, Chicano	<input type="checkbox"/> (08) Japanese	<input type="checkbox"/> (14) Samoan
<input type="checkbox"/> (03) Native American	<input type="checkbox"/> (09) Korean	<input type="checkbox"/> (15) Other Pacific Islander <sup>2</sup> - _____
<input type="checkbox"/> (04) Caucasian	<input type="checkbox"/> (10) Vietnamese	<input type="checkbox"/> (16) Other _____
<input type="checkbox"/> (05) Asian Indian	<input type="checkbox"/> (11) Other Asian <sup>1</sup> - _____	
<input type="checkbox"/> (06) Chinese	<input type="checkbox"/> (12) Native Hawaiian	

<sup>1</sup> Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  
<sup>2</sup> Print race, for example, Fijian, Tongan, and so on.

**BY MY SIGNATURE I UNDERSTAND AND AGREE THAT I:**

- must submit a FAFSA for the academic year that he or she is applying for by the application deadline; or for applicants being considered for any excess awards\*\* that the FAFSA will be completed for the academic year he or she is applying for prior to being accepted into the program;

- will use the award to obtain a certificate, degree, or diploma that I do not hold at this time;
- will maintain enrollment in at least three (3) academic units per semester, or the equivalent thereof;
- will maintain at least a 2.0 cumulative grade point average (GPA) and enrollment in an eligible institution;
- shall not receive disbursements from both a CNG EAAP Award and any Cal Grant Award for the same academic year;
- must elect between an award under the CNG EAAP and any Cal Grant Award for the same academic year;
- am currently an active member of, and has served two years in, the California National Guard, the State Military Reserve, or the Naval Militia;
- will remain an active member in the California National Guard, State Military Reserve or the Naval Militia throughout the period I participate in the CNG EAAP;
- will comply with all applicable laws and regulations applicable to the program; and
- understand the funding appropriations are contingent upon approved California budget acts.

I declare under penalty of perjury, under the laws of the State of California that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in the application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial to participate in the program and subject to prosecution under the Uniform Code of Military Justice. I authorize the California Student Aid Commission and the California Military Department to receive and release any student records and any application information between institutions and appropriate public and private agencies. I will provide documentation to verify all information provided, if requested.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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- \* See Attached State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number
- \*\* "Excess Awards" means awards issued to eligible applicants after the deadline established by Section 30731 until all available awards are exhausted or the Adjutant General no longer has authority to make awards, whichever is earlier.

## **State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number**

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about them. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The officials responsible for maintaining the information contained of this form are the Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The Social Security Number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, the California State University and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of the policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.