

SECTION I. PRIVACY ACT STATEMENT

1. **AUTHORITY:** 10 USC 275, Order 9397, and MARNGR 600-1/MANGR 35-4.
2. **PRINCIPAL PURPOSE:** The purpose for requiring and individual's SSAN which is also the military service number, is to positively identify the individual applying for benefits.
3. **ROUTINE USES:** Routine uses of the SSAN are for rosters used for various accountability reasons and fiscal accounting purposes for those individuals to receive benefits.
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION:** Mandatory disclosure is necessary for the individual who has received benefits to be credited properly. Without the SSAN, it is possible to credit the wrong individual for benefits.

I HAVE COMPLETED A FIRST BACCALAUREATE DEGREE: _____ YES (DO NOT COMPLETE) _____ NO

AIR NATIONAL GUARD _____

ARMY NATIONAL GUARD < 1 YEAR POST BASIC/AIT _____ DATE COMPLETED BASIC/AIT _____

SECTION II. PERSONAL DATA (Type or Print in dark ink)

1. Name (Last, First, MI)		2. Social Security Number		3. Rank	4. Sex	5. ETS/MSD/MRD <small>(date of separation)</small>
6. Date of Birth		7. Unit of Assignment			8. Date of Enlistment	
9. County in Which Registered to Vote		10. Home Address (Street Address, Apt. No., City, State, Zip)				
11. Telephone Number		12. Student Classification (Check One) Fr _____ So _____ Jr _____ Sr _____		13. Date of AIT/BOLC or Tech School Completion NOT BASIC TRAINING		
14. School To Attend (Include Branch)		15. _____ (Check One) ____ Academic ____ Vocational		16. Semester Start Date DO NOT APPLY IF SEMESTER HAS STARTED		

Return this form to: MS Military Department: JFH-J1-ED, P.O. BOX 5027, Jackson, MS 39296-5027 or fax 601-313-6151 or penny.w.boggan.nfg@mail.mil

SECTION III. CRITERIA DATA

	YES	NO
1. I have previously received SEAP benefits.		
2. I have completed basic military training, am a cadet, an officer candidate, a warrant officer, or a commissioned officer		
3. I am a resident of the State of Mississippi and, if eighteen (18) years of age or over, a qualified elector (registered voter). (A COPY OF VOTER'S REGISTRATION CARD MUST BE ATTACHED FOR FIRST TIME USER OF SEAP)		
4. I am enrolled or planning to enroll in undergraduate studies in a state and regionally accredited school within the State of Mississippi. I have no less than a SEMESTER 2.0 grade point average or have satisfactorily completed a vocational course that does not produce a quality point average. (A COPY OF GRADES FROM THE LAST SEMESTER SEAP BENEFITS WERE RECEIVED MUST BE ATTACHED FOR PREVIOUS USERS)		
5. I certify I understand this application and required attachments must be received by JFH-J1-MS-ED no later than the semester start date. I understand this is MY RESPONSIBILITY for submitting this form and all required attachments EACH SEMESTER, NOT the unit or institution's responsibility		
6. I am an active drilling member in good standing with the Mississippi National Guard at the time of application and will remain so during the entire semester/quarter for which benefits are received.		
7. I certify that I have included the required attachment(s) , and I understand that fraud or misrepresentation will disqualify me from SEAP benefits and make me liable to repay the benefits.		
	ATTACHMENTS REQUIRED!!!!	

SECTION IV. FOR CORRESPONDENCE PURPOSES ONLY

1. My email address is _____

2. For correspondence purposes call the help desk at 1-866-403-1289, or Ms Penny Wilson-Boggan, penny.w.boggan.nfg@mail.mil or 601-313-6248. Emailed/Fax/US Postal Service/Certified Mail are accepted.

I understand by signing this form, I have all required attachments and/or my semester GPA that SEAP paid for is a 2.0 or better.

_____ Date _____ Signature