

NEVADA NATIONAL GUARD SUMMER TUITION REIMBURSEMENT APPLICATION

NRS 412.1435 provides for reimbursements to members of the Nevada National Guard for the cost of textbooks required for a course of study in which the member is enrolled at an institution with the University and Community College System of Nevada.

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: Summer	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.