# NEVADA NATIONAL GUARD TEXTBOOK 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/Squardon: | | |
| 6) Mailing Address: | | 7) Phone: | |
| 8) City, State, Zip | | 9) Email: | |
| 10) Total Credit Hours Enrolled: | 11) Term: | 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) Textbook Title | **5) Textbook cost STATE USE ONLY** |
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| | | | **6) 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.**

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| 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:

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|---|---|
| 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:

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|---|---|
| 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** | **365415** | **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.**