



State Education Assistance Program (SEAP)

1. What is it?

- SEAP is an education incentive for eligible members of the Mississippi National Guard for tuition assistance at State supported/accredited colleges.

2. How Do I Qualify?

- Must be a Basic Training Graduate
- For Soldiers **not yet eligible** for Federal Tuition Assistance through GoArmyEd.com
- Must be a registered voter in the State of Mississippi
- Actively serving in good standing at the time of application and during the entire semester/quarter for which benefits are received
- Must be **less** than one year past a Soldier's completion of Advanced Individual Training (AIT) or Basic Branch qualification (BOLC)
- Taking undergraduate level courses
- Students must maintain a 2.0 SEMESTER GPA average

3. What Do I Get?

- SEAP will pay up to **\$4500** for eligible Soldiers and Airmen per year
- **\$1100** per semester for a **two-year** Mississippi Public College (TUITION ONLY)
- **\$2250** per semester for a **four-year** Mississippi Public College (TUITION ONLY)

4. Can SEAP be combined with other Educational Programs?

- GI Bills Ch.1606, Post 9/11(33) can only be used if there is a TUITION balance (if 100% vested in Post 9/11 GI Bill) SEAP can NOT be used.
- SEAP may be used in conjunction with Pell Grant awards to pay remaining tuition balances, books, fees, meal cards, room and board, etc.

5. Items Required for SEAP Submission

- AGO Form 5
- Previous Semester Grades (for previous users)
- Voter registration Card (for first time users)

6. Method of Submission

- Submit all documents to Education Office NLT: 10 January for Spring, 10 August for Fall
- Email to penny.w.boggan.nfg@mail.mil (Preferred)
- For more information call (601) 313-6248

NATIONAL GUARD ®

SECTION I. PRIVACY ACT STATEMENT

1. AUTHORITY: 10 USC 275, Order 9397, and MARNGR 600-1/MANGR 35-4.
2. PINCIPAL 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

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: NGMS-PEF-E, P.O. BOX 5027, Jackson, MS 39296-5027 or

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 _____