AH NATIONAL GUARD STATE TUITION ASSISTANCE				For additional information, hover over each field for detailed guidance				C	Control Num	nber:	
TION ONE: APPLICAN	T INFORMATION										
Member Name: Last		First		M.I.	Separation Date Rank		Component		Today's Da	ate	
Military Email Address		Civilian Email Address		Phone Number			Using Post-9/11 Benefits?		ts? Duty Statu	ıs	
TION TWO FRIENDS	NAL INSTITUTION (SER										
Name of School / Inst	DNAL INSTITUTION / CERTitution	Address	OL OFFICIAL C	ONTACT	City			State	Zip Code	Phone	
Student ID	Area of Study / Prog	ıram	Degree Type	GPA	GPA Remainin		ing Credit Hrs. Class St		Class End D	Signifyi	Member's Typed Initial Signifying Review and
AGREEMENT SIGNIFIE	D BY MEMBER INITIALS: I ha	ve reviewed and con	npleted this applicatio	n in accordance	ce with the Uta	h State Tuitio	n Assistance	e Policy. Sub	omitting this	Ce	rtification
application to the STA Office	er implies that I have read and agree	to the Statement of	Understanding. The i	nformation I ha	ave provided is	true and cor	rect.				
TION THREE: COURS	E AND TUITION INFORMA	ATION									
Course Number Course Title / Fee Desc		ription / Book N	ame Credit	Hour	er Credit or Total eta Cost Fees		Clas	s Cost	Paid By S		By Member
1				Certifica	ate Cost				Office Use	e Only Ollic	ce Use Only
2											
3											
4											
4											
5											
4 5 6											
4 5 6 7				T	OTALS:						
4 5 6 7	oplication to: FOR All	R GUARD: 15	1.ARW.STA.org			FOR A	RMY GU	IARD: ng	j.ut.utarng.m	bx.education-offic	e@army.mi
4 5 6 7 8 Email completed ap				g@us.af.m	nil				j.ut.utarng.m	bx.education-offic	e@army.mi
4 5 6 7 8 Email completed ap	UITION ASSISTANCE ADI	MINISTRATION	ACKNOWLEDG	g@us.af.m	nil APPROVAL		FICE USI				e@army.mi
4 5 6 7 8 Email completed ap	UITION ASSISTANCE ADI	MINISTRATION		g@us.af.m	nil APPROVAL	. (STA OF	FICE USI	E ONLY)	s	bx.education-office TA Account Data Remaining STA Am	,
4 5 6 7 8 Email completed ap TION FOUR: STATE T Name of STA Verifyin	TUITION ASSISTANCE ADI	Verifying Offi	ACKNOWLEDG	g@us.af.m	nil APPROVAL Contact F	<b>. (STA OF</b> Phone Nui	FICE USI	E ONLY)  Date	S	TA Account Data	ount:
4 5 6 7 8 Email completed ap TION FOUR: STATE T Name of STA Verifyin	UITION ASSISTANCE ADI	Verifying Offi	ACKNOWLEDG	g@us.af.m	nil APPROVAL Contact F	. (STA OF	FICE USI	E ONLY)	S I	TA Account Data Remaining STA Am	ount: quests

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TALLNATIONAL OLIA		40010TANOF	For additi	ional informati	on, hover over each	O ( 1 N				
TAH NATIONAL GUA	RD STATE TUITION	ASSISTANCE	f	ield for detaile	ed guidance	Control N	umber:			
ECTION FIVE: INSTITUTION	ON ENDORSEMENT AND	VALIDATION (To be	completed upon co	urse compl	etion)					
Member Name						s End Date				
validation that the could	ensure this section is accourses approved in this STA Assistance form, with Insine the process to complet	form align with a degre titution Endorsemen	ee plan or certificate	program and	l have been complete	d successfully. To	he final, co			
counselor, Veteran's A 3) The School Certifyir a) The SCO will an b) The SCO will an 4) The School Certifyir	ourse completion, provide administration liaison, schoog Official (SCO) will verify notate whether the class we notate the course grade in a Official sign the form atter will scan this page (Pager	ol bursar or financial of the information below was part of a degree play the field adjacent to the esting to the course re	ounselor. (Degree Plan and Coan with a "Yes" or a "ne specific class. equirement and grade	ourse Grade No" in the fide.	). eld adjacent to the sp	ecific class.		an academic advisor /		
Educational Institution	on	School Certifying	Official (SCO) Name	e :	SCO Phone Number			SCO Email Address		
Course Number Course Title / Description		Class Part of Degree Plan (Yes/No)	Course Grade (A-F, I, W, etc.)	School C	ertifying Official Not	STA OFFICE USE ONLY				
1										
2 3										
4										
5										
6										
7 8										
I certify that the compl listed above are accur	eted courses and/or classe ate.	es meet the coursewor	rk stipulated in the stu	udent's acad	emic goal and/or deg	ree plan on file. F	-urthermore	, I certify that the grades		
School Certifying O	fficial Signature				Date					
ECTION SIX: INVOICE / B	ILLING INSTRUCTIONS									
Educational Institution invoice to:	ons please send a copy	of this form and an		Educatio	nal Institutions can	contact the Edu	cation Ser	vice Office at:		
Utah National Guar				J	nvoice Inquiries: 80°					
12953 South Minute		STA Program Inquiries: 801-432-4354								

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Draper, Utah 84020-9286

Email: smd@utah.gov