

# UTAH NATIONAL GUARD STATE TUITION ASSISTANCE

For additional information, hover over each field for detailed guidance

**Control Number:**

## SECTION ONE: APPLICANT INFORMATION

|                        |                        |                      |                           |                      |                      |                      |
|------------------------|------------------------|----------------------|---------------------------|----------------------|----------------------|----------------------|
| Member Name: Last      | First                  | M.I.                 | Separation Date           | Rank                 | Component            | Today's Date         |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Military Email Address | Civilian Email Address | Phone Number         | Using Post-9/11 Benefits? | Duty Status          |                      |                      |
| <input type="text"/>   | <input type="text"/>   | <input type="text"/> | <input type="text"/>      | <input type="text"/> |                      |                      |

## SECTION TWO: EDUCATIONAL INSTITUTION / CERTIFYING SCHOOL OFFICIAL CONTACT

|                              |                         |                      |                      |                       |                      |                      |
|------------------------------|-------------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|
| Name of School / Institution | Address                 | City                 | State                | Zip Code              | Phone                |                      |
| <input type="text"/>         | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/> |                      |
| Student ID                   | Area of Study / Program | Degree Type          | GPA                  | Remaining Credit Hrs. | Class Start Date     | Class End Date       |
| <input type="text"/>         | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> |

**Member's Typed Initials Signifying Review and Certification**

**AGREEMENT SIGNIFIED BY MEMBER INITIALS:** I have reviewed and completed this application in accordance with the Utah State Tuition Assistance Policy. Submitting this application to the STA Officer implies that I have read and agree to the Statement of Understanding. The information I have provided is true and correct.

## SECTION THREE: COURSE AND TUITION INFORMATION

| Course Number  | Course Title / Fee Description | Credit Hours | Cost per Credit Hour or Total Certificate Cost | Book/Fees | Class Cost | Paid By State Office Use Only | Paid By Member Office Use Only |
|----------------|--------------------------------|--------------|--|-----------|------------|-------------------------------|--------------------------------|
| 1              |                                |              |  |           |            |                               |                                |
| 2              |                                |              |  |           |            |                               |                                |
| 3              |                                |              |  |           |            |                               |                                |
| 4              |                                |              |  |           |            |                               |                                |
| 5              |                                |              |  |           |            |                               |                                |
| 6              |                                |              |  |           |            |                               |                                |
| 7              |                                |              |  |           |            |                               |                                |
| 8              |                                |              |  |           |            |                               |                                |
| <b>TOTALS:</b> |                                |              |  |           |            |                               |                                |

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Email completed application to:    FOR AIR GUARD: 151.ARW.STA.org@us.af.mil                      FOR ARMY GUARD: ng.ut.utarnng.mbx.education-office@army.mil

## SECTION FOUR: STATE TUITION ASSISTANCE ADMINISTRATION ACKNOWLEDGMENT & APPROVAL (STA OFFICE USE ONLY)

|  |                                 |                      |                      |  |
|--|---------------------------------|----------------------|----------------------|--|
| Name of STA Verifying Official             | Verifying Official Signature    | Contact Phone Number | Date                 | STA Account Data                           |
| <input type="text"/>                       | <input type="text"/>            | <input type="text"/> | <input type="text"/> | Remaining STA Amount: <input type="text"/> |
| Name of STA Payment Authorization Official | Payment Authorization Signature | Contact Phone Number | Date                 | For STA Change Requests                    |
| <input type="text"/>                       | <input type="text"/>            | <input type="text"/> | <input type="text"/> | Previous STA Number: <input type="text"/>  |
|  |                                 |                      |                      | Date Change Received: <input type="text"/> |

Administrator Notes:

**SECTION FIVE: INSTITUTION ENDORSEMENT AND VALIDATION (To be completed upon course completion)**

**Member Name** ,

**Class Start Date**

**Class End Date**

Service Members will ensure this section is accomplished AFTER the approved courses/classes have been completed. Service Members utilizing State Tuition Assistance must show validation that the courses approved in this STA form align with a degree plan or certificate program and have been completed successfully. **The final, completed, Utah National Guard State Tuition Assistance form, with Institution Endorsement, must be submitted to an STA Administrator no less than 30 days after course completion.** The instructions below outline the process to complete this section.

- 1) Within **45 days** of course completion, provide a printed copy of the approved STA form to an authorized School Certifying Official (SCO). This may be an academic advisor / counselor, Veteran’s Administration liaison, school bursar or financial counselor.
- 3) The School Certifying Official (SCO) will verify the information below (Degree Plan and Course Grade).
  - a) The SCO will annotate whether the class was part of a degree plan with a “Yes” or a “No” in the field adjacent to the specific class.
  - b) The SCO will annotate the course grade in the field adjacent to the specific class.
- 4) The School Certifying Official sign the form attesting to the course requirement and grade.
- 5) The Service Member will scan this page (Page 2) and return it to the State Tuition Assistance managers within **45 days** of class/course completion.

| Educational Institution |                            | School Certifying Official (SCO) Name |                                | SCO Phone Number                 | SCO Email Address    |
|-------------------------|----------------------------|---------------------------------------|--------------------------------|----------------------------------|----------------------|
| <input type="text"/>    |                            | <input type="text"/>                  |                                | <input type="text"/>             | <input type="text"/> |
| Course Number           | Course Title / Description | Class Part of Degree Plan (Yes/No)    | Course Grade (A-F, I, W, etc.) | School Certifying Official Notes | STA OFFICE USE ONLY  |
| 1                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 2                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 3                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 4                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 5                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 6                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 7                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |
| 8                       | <input type="text"/>       | <input type="text"/>                  | <input type="text"/>           | <input type="text"/>             | <input type="text"/> |

*I certify that the completed courses and/or classes meet the coursework stipulated in the student’s academic goal and/or degree plan on file. Furthermore, I certify that the grades listed above are accurate.*

**School Certifying Official Signature**

**Date**

**SECTION SIX: INVOICE / BILLING INSTRUCTIONS**

Educational Institutions please send a copy of this form and an invoice to:

**Utah National Guard, Attention: SMD  
12953 South Minuteman Drive  
Draper, Utah 84020-9286**

Email: [smd@utah.gov](mailto:smd@utah.gov)

Educational Institutions can contact the Education Service Office at:

Billing / Invoice Inquiries: **801-432-4442**  
STA Program Inquiries: **801-432-4354**