

**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
6. Date of Birth	7. Unit of Assignment <b>(ARMY MUST APPLY FOR FTA)</b>		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. Enrolled: Number of Semester Hours		
14. School To Attend (Include Branch)	15. _____ (Check One) _____ Academic _____ Vocational	16. Semester Start Date <b>(DO NOT APPLY IF SEMESTER HAS STARTED!!!)</b>		

**Return this form to: MS Military Department: JFH-J1-ED, P.O. BOX 5027, Jackson, MS 39296-5027 or fax 601-313-6151**

**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). <b>(A COPY OF VOTER'S REGISTRATION CARD MUST BE ATTACHED FOR FIRST TIME USER OF SEAP.)</b>		
4. I am enrolled in undergraduate studies in a state and regionally accredited school within the State of Mississippi. I have no less than a <b>SEMESTER 2.0</b> grade point average or have satisfactorily completed a vocational course that does not produce a quality point average. <b>(A COPY OF GRADES FROM THE LAST SEMESTER SEAP BENEFITS WERE RECEIVED MUST BE ATTACHED.)</b>	SEMESTER GPA 2.0 or BETTER	
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. <b>I understand this is MY RESPONSIBILITY for submitting this form and all required attachments EACH SEMESTER, NOT the unit or institution's responsibility and my MAXIMUM FISCAL YEAR (JULY - JUNE) AMOUNT IS \$4500</b>		
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. <b>I certify that I have included the required attachment(s),</b> 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. The email address for the Mississippi National Guard SEAP Office is: [msedu@ng.army.mil](mailto:msedu@ng.army.mil) This address is strongly recommended for correspondence purposes or call the help desk at 1-866-403-1289.

**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