

# 2019-2020 VOYAGER Tuition Assistance Program

## National Guard/ Reservist Tuition Assistance

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you filed the 2019-2020 Free Application for Federal Student Aid (FAFSA)?  Yes  No  
If not, apply online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) (SOU Federal School Code 003219).

Military Unit Number: \_\_\_\_\_ Current Reservist:  Yes  No

Have you applied for the National Guard Tuition Assistance Program?  Yes  No

Have you applied for Military Education Benefits?  Yes  No

If Yes, list Chapter (e.g., 30, 1606, 1607, etc) \_\_\_\_\_

Were you deployed in an area of military combat on or after September 11, 2001?

Yes  No Area(s) of Combat \_\_\_\_\_

### **Certification and Consent to Release Information:**

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I agree to provide proof of the information on this application if requested. With reference to the Privacy Act of 1974 (5 U.S.C. 522a): I acknowledge that I disclose my social security number as a voluntary, but necessary action, for the purpose of identification and to enable SOU to locate and make appropriate use of information on my FAFSA form. If eligible to receive funding through this program, I give permission for any applicable publicity releases.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete and return this form along with a copy of your **DD-214, Member 4**

**Southern Oregon University**  
Enrollment Services Center  
Britt Hall  
1250 Siskiyou Blvd  
Ashland, OR 97520-5006