

Recruitment Incentive and Retention Program DMNA Form 96-1 Application Instructions

Application MUST be completed electronically. Document is not compatible with mobile devices or MAC products. DO NOT edit application with an Internet browser. You MUST download the application to your COMPUTER and open with ADOBE.

- 1) **Pages 1-3, Memorandum of Understanding (MOU).** Read each statement and place a check mark in each corresponding box to indicate you've read and understood the requirements of the program.

- 2) **Page 4, Section 1 - Service Member Data.** Must be completed *in its entirety*, this includes your complete SSN and unit information. Input all information into the provided text boxes and use the drop down menus to select your Status and Branch of Service (Navy, Marine, and Coast Guard will all be TRADITIONAL under status).

- 3) **Page 4, Section 2 - College and University Information.** Use the drop down menus to choose the correct School Code/Name, Semester/Year, Grade Level, Type of Degree, and Attendance Status. Input your Expected Date of Graduation, current GPA, and indicate the applicable financial aid programs you will be applying for with a check mark. All information MUST match your Financial Aid documents (FAFSA, TAP, APTS, etc.). ****If your school code is not listed, the school does not qualify for the program****

- 4) **Page 5, Section 3 - Applicant Certification Statement.** Read the entire statement and click the signature box to sign indicating that you have read and understand the certification statement. **Applications will not be accepted without a signature and current date.**

- 5) **Page 5, Section 4 - Commander's/Authorized Representative Certification.** Whomever is signing the certification for you will need to download the emailed version to their computer, open the file in ADOBE, enable all features, provide the required contact information in the appropriate text boxes, and **digitally sign the document with their Common Access Card.** Applications will not be accepted without a digital signature and verifying information.

- 6) To submit your application you must email the document (**in PDF format**) it to the RIRP inbox, ng.ny.nyarnng.mbx.nynaval militia-rirp@army.mil The proper naming convention is, **“Last Name, First Name RIRP Semester/Year”**. ****Save this document to your computer.**

MEMORANDUM OF UNDERSTANDING (MOU)
Acknowledgement of Requirements
Recruitment Incentive and Retention Program of the
New York State Division of Military and Naval Affairs
(Uggev'Tgur qpug'cpf 'F li lscmf 'Uli p'O QW)

1. I have applied for undergraduate educational benefits in the Recruitment Incentive and Retention Program (RIRP) under Section 669-b of the New York State Education Law.

2. I certify that I understand the provisions of the Division of Military and Naval Affairs (DMNA) Regulation 621-1 that states:

- a.** That, in order to participate in the RIRP, I must be a resident of the State of New York in excess of 186 days per year and remain a citizen of the State of New York (except during tours of federal active duty) while participating in and receiving benefits from the RIRP.
- b.** That, in order to participate in the RIRP, I must remain a member in good standing in the New York Army National Guard (NYARNG), in the New York Air National Guard (NYANG), or in the New York Naval Militia (NYNM), as certified by the commander of my respective component.
- c.** That, while receiving any educational benefits from the RIRP, I must maintain the academic standards of the college or university in which I am enrolled and to which the RIRP tuition benefit is to be paid and the academic standards of the Higher Education Services Corporation (HESC). In addition, I must apply for all financial aid (TAP/Pell/APTS, etc.) for every academic school semester in which I participate.
- d.** That, if during a semester/term in which I am receiving any educational benefits in the RIRP, I fail: (1) to remain a NYARNG, NYANG or NYNM member in good standing; or (2) to meet the academic standards of the college or university in which I am enrolled and HESC; or (3) to complete the financial aid process, my participation in the RIRP will be terminated and I will assume the responsibility for paying that portion of the semester/term tuition that would have been paid by the RIRP.
- e.** That, if after having received any educational benefits under the RIRP during my term of enlistment, I fail to complete my term of enlistment, I will have to repay the State of New York the total amount of any RIRP educational benefits received during that term of enlistment in accordance with DMNA Regulation 621-1.

- f.** That, I must declare to DMNA all educational reimbursements, including that from my employer, and that such reimbursement will be used to reduce the cost of the tuition that will be paid by the RIRP.
- g.** That, the final determination of the amount of educational benefits for which I am eligible in the RIRP shall be made by the DMNA.
- h.** That, the educational benefit from the RIRP may be applied toward tuition only and that I am responsible for the cost of books, fees, room, and board and any other non-tuition charges.
- i.** That, I must submit an application (DMNA Form 96-1) by the appropriate deadline date listed in DMNA Regulation 621-1 for each semester I intend to use the RIRP.
- j.** That, I must apply for all financial aid to include, but not limited to, Pell Grants, NYS TAP or Aid for Part Time Studies (APTS) for each semester I use the RIRP and provide a TAP Award Certificate and Student Tuition Aid Report (SAR) to my Education Service Rep. Financial aid must be consistent with college attending.
- k.** That, I must apply for Federal Tuition Assistance for the semester, which I am using the RIRP, if eligible.
- l.** That, I must complete all training requirements needed to become qualified in my military occupational specialty or job skill within 24 months of my enlistment date.
- m.** That, I must be matriculated in a degree-producing program for a minimum of six (6) credits per semester or four (4) credits per quarter. Only credit bearing courses qualify for this benefit.
- n.** That, I must submit my grade reports to my Education Service Representative or Retention Office Manager (ROM) at the end of each semester.
- o.** That, I authorize release of grade reports, any financial aid information and transcripts from any school in which RIRP is used.
- p.** I understand that if I fail to meet the above listed requirements, I am subject to repayment of all RIRP tuition benefits received.
- q.** I give permission to my college/university to release my grade reports and transcripts to the New York State Division of Military and Naval Affairs' Budget and Finance Office.

3. If, during a term of enlistment in which I am receiving or have received educational benefits in the RIRP, I change or anticipate changing my status:

- (a) As a member in good standing in the NYARNG, the NYANG, or the NYNM.
- (b) In maintaining the academic standards of the college or university in which I am enrolled and HESC.
- (c) In failing to complete the financial aid process, I will promptly inform the Education Incentive Program office at DMNA.

APPENDIX B

DIVISION OF MILITARY AND NAVAL AFFAIRS
 Recruitment Incentive and Recruitment Program
Prescribing Directive is DMNA-PAM 621-1 Proponent Office is MNBF-IP

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397.

PRINCIPAL PURPOSE: To establish eligibility to participate in the Division of Military and Naval Affairs-New York State, Education Incentive Program.

ROUTINE USES: Information on this form may be shared with the institution you are applying for benefits. with, the Budget and Fiscal Office and the Directorate of Military Personnel.

DISCLOSURE: Voluntary failure to provide personal information may preclude processing of DMNA Form 96-1.

DIRECTIONS: Complete application and return by 15 August for the Fall semester and by 15 December for the Spring semester.

***ALSO SEE PAGE 3 OF THIS APPLICATION**

1. SERVICE MEMBER DATA

NAME (Last, First Middle Initial)	Date of Birth (YYYY-MM-DD)	Rank	
Social Security Number	ETS/EOS Date (YYYY-MM-DD)	Date of Enlistment/Appointment (YYYY-MM-DD)	
Mailing Address Street	Mailing Address City	Mailing Address State	Zip Code
Email Address	Daytime Phone Number	Status	Branch of Service
Unit Identification Code/Unit Pass Code/Reserve			
Unit Address Street	Unit Address City	Unit Address State	Unit Address Zip Code

2. COLLEGE AND UNIVERSITY INFORMATION

a. Print the name and school code number in the appropriate box of the college or university at which you have been accepted, or are currently enrolled. A list of participating schools and their respective codes can be found in appendix A, DMNA Regulation 621-1:

School Code and School Name	Expected Date of Graduation (YYYY-MM-DD)
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b. Select semester and year for this benefit (e.g. Fall 2017):

Semester	Year	Grade Level in College	Type of Degree
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c. Enter attendance status & indicate # of credits:

Full/Part Time:	First Semester with School or Returning Student?	Current GPA:
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d. Check all that apply: I have applied for the following benefits (* indicates benefits which must be applied for in accordance with provisions of DMNA Reg 621-1) and have attached proof with this DMNA Form 96-1:

APTS*
 NYS TAP*
 PELL*
 FTA/ARNG
 OTHER
 MGIB
 Employer Assistance

3. APPLICANT CERTIFICATION STATEMENT

a. I certify that I understand the provisions of DMNA Regulation 621-1 which states that I must remain a member in good standing of the New York Army National Guard, New York Air National Guard, or New York Naval Militia as certified by the commander of my respective component for this certificate to remain in effect. I further understand that I must maintain the academic standards of the appropriate college or university and HESC. Failure to remain a member in good standing, or to meet academic standards, and complete the financial aid process will result in the Certificate of Eligibility being terminated and my assuming the cost of tuition for that semester. I understand that, if I fail to complete my term of enlistment, I will be held liable for repayment of educational benefits received through the RIRP during the term of my enlistment. I certify that I am a resident of the State of New York and acknowledge that I must remain a resident of the State of New York during the term of the Certificate of Eligibility (excluding tours of federal active duty) for it to remain in effect. I understand that I must declare all educational reimbursements, including those from my employer, and that such reimbursements will be used to reduce the cost of tuition to the State of New York. I understand that the final determination of my entitlement for the RIRP benefit is made by MNBF. I understand that the benefit covers only the cost of tuition, and that I am responsible for the cost of fees, books, and room and board.

b. APPLICANT SIGNATURE

4. COMMANDER'S/AUTHORIZED REPRESENTATIVE CERTIFICATION

a. I certify that the applicant meets the criteria for issuance of the Certificate of Eligibility as specified in DMNA Regulation 621-1, paragraph 3-1. NOTE: ARNG Applicants do not require Commanders/Authorized Representative signature:

RANK/POSITION IN UNIT:

PHONE NUMBER:

EMAIL ADDRESS:

5. TO BE COMPLETED BY EDUCATION SERVICES OFFICER.