

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**Acknowledgement of Requirements**  
**Recruitment Incentive and Retention Program of the**  
**New York State Division of Military and Naval Affairs**  
**(Ugrgev'T gur qpug'cpf 'F li kcmf '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 for 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 three (3) 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 at which I use RIRP tuition benefits.

**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 Sservice
Unit Identification Code/Unit Pass Code/Reserve			
Unit Address Street	Unit Address City	Unit Address State	Unit Address ZipSC

**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)
-----------------------------	--

b. Select semester and year for this benefit (e.g. Fall 2017):

Semester/Year	Grade Level in College	Type of Degree
---------------	------------------------	----------------

c. Enter attendance status & indicate # of credits:

Full/Part Time: \_\_\_\_\_ Current GPA: \_\_\_\_\_

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. Wages from Last W-2:

c. NYS TAXABLE INCOME (FROM NYS TAX RETURN):

d. NYS INCOME TAX PAID (FROM NYS TAX RETURN):

e. EMPLOYER AND POSITION:

f. APPLICANTS 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:

**5. TO BE COMPLETED BY EDUCATION SERVICES OFFICER.**