

# NYARNG RECRUITMENT INCENTIVE AND RETENTION PROGRAM CHECKLIST (ARMY NATIONAL GUARD TUITION ASSISTANCE)

NAME: \_\_\_\_\_

SCHOOL ATTENDING : \_\_\_\_\_

CURRENT SEMESTER: **FALL** \_\_\_\_\_ **SPRING** \_\_\_\_\_

**APPLICATION AND CHECKSIT DEADLINE** : FALL (15 AUG) + SPRING (15 DEC)

**SUPPORTING DOCUMENT DEADLINE** : FALL (15 OCT) + SPRING (15 FEB)

### RULES FOR PARTICIPATION IN PROGRAM:

- Active member of NYARNG and must remain in good standing
- Must be accepted, enrolled and matriculated in an undergraduate program at a participating school. Note: (RIRP does not cover certificate degrees)
- ETS must go beyond the semester for which applying
- Must **enroll** for a minimum of 6 credit hours per semester, or 4 credit hours per quarter
- May only participate in the program for eight (8) full time semesters
- Must be a New York State Resident. Defined as having a domicile in this state for a period of at least 186 days per year, excluding periods of active federal military duty.)
- Member may utilize this benefit up to their first Baccalaureate Degree **ONLY**

**APPLICATIONS TO REQUEST RIRP MUST BE SUBMITTED TO THE RIRP MAILBOX :**  
[ng.ny.nyarnq.mbx.rirpny@army.mil](mailto:ng.ny.nyarnq.mbx.rirpny@army.mil) BY THE DEADLINE DATES LISTED ABOVE.

Documents Required	Who must Submit	Explanations Details	Date
DMNA form 96-1 and Memorandum of Understanding	All Students	Most current application is available for download at <a href="https://dmna.ny.gov/education/pdf/dmna96-1.pdf">https://dmna.ny.gov/education/pdf/dmna96-1.pdf</a> Memorandum of Understanding must be read and checked for each semester	
Letter of college Acceptance or Course Schedule	All Students	All applicants must provide a copy of the College Letter of Acceptance Letter - must state the degree program accepted into OR Current course schedule - must state the number of credits.	
FAFSA Submission Summary (in place of SAR)	All Students	APPLY: <a href="https://studentaid.gov/h/apply-for-aid/fafsa">https://studentaid.gov/h/apply-for-aid/fafsa</a> Log in using your account username and password, navigating to your account Dashboard, selecting your processed FAFSA submission, and selecting "View FAFSA Submission Summary."	
TAP Award (TAP)	All Full Time Students	APPLY: <a href="https://www.hesc.ny.gov/">https://www.hesc.ny.gov/</a> Go to student access, click review my financial aid information - select academic year! Submit HESC/TAP Confirmation Email + TAP award	
Aid For Part Time Studies (APTS)	Part Time Students	Obtain Aid for Part Time Studies (APTS) application from college. There is a due date for this form! Check with your schools FA department for application.	

1. I MUST COMPLETE THE DMNA 96-1 AND MEMORANDUM OF UNDERSTANDING (MOU) ELECTRONIC FORM BY DEADLINE DATE TO BE CONSIDERED FOR THE PROGRAM. \_\_\_\_\_ (INITIAL)
2. MY FAILURE TO PROVIDE ALL REQUIRED INFORMATION BY THE DEADLINES WILL RESULT IN DISAPPROVAL OF THE BENEFIT FOR THE SEMESTER. \_\_\_\_\_ (INITIAL)
3. I UNDERSTAND IT IS MY RESPONSIBILITY TO APPLY FOR THE PROGRAM EVERY SEMESTER. \_\_\_\_\_ (INITIAL)
4. I UNDERSTAND THE PROGRAM PAYS TUITION ONLY. \_\_\_\_\_ (INITIAL)
5. I UNDERSTAND IT IS MY RESPONSIBILITY TO SUBMIT FINAL GRADE REPORT BY THE END OF EACH SEMESTER. \_\_\_\_\_ (INITIAL)
6. I FURTHER UNDERSTAND THE AVAILABILITY OF THIS PROGRAM IS CONTINGENT UPON FISCAL FUNDING THROUGH THE NY STATE LEGISLATURE. \_\_\_\_\_ (INITIAL)
7. I AGREE TO THE ABOVE TERMS AND REQUIREMENTS. \_\_\_\_\_ (INITIAL)

# Recruitment Incentive and Retention Program NYARNG Applicants Application Instructions

## **DO NOT open application with Chrome browser**

1. Read each statement of the Memorandum of Understanding and place a check mark in the boxes to indicate you understand the requirements of the program (pages 1–2)
2. Section 1: Service Member Information. Please complete all fields in its entirety
3. Section 2: College and University Information. Use the drop down menus to choose the college/ university, type of degree, current semester/year, semesters completed, and attendance status, then enter the date matriculated, expected graduation date, current GPA, and # of credits. The school information must match your financial aid (FA) documents. If your college is not listed, they are not a participating school. Place a check mark in the applicable FA programs with an asterisk (\*)
4. Section 3. Applicant Certification Statement. Please read the statement then click on the box to digitally sign the application. If you do not have a digital signature set up, see the instructions on "how to create a digital signature"

**NOTE: Applications will not be accepted without a digital signature**

5. Once you have completed and signed the application, save it as a pdf file to your computer. Name the file as follows: "LAST NAME\_ FIRST NAME\_ RIRP Fall 2024"
6. Email the application as one pdf document (do not separate the pages) to [ng.ny.nyarnng.mbx.rirpny@army.mil](mailto:ng.ny.nyarnng.mbx.rirpny@army.mil)
7. Once financial aid has been processed email copies of your TAP award, FAFSA Submission Summary, and verification of enrollment to [ng.ny.nyarnng.mbx.rirpny@army.mil](mailto:ng.ny.nyarnng.mbx.rirpny@army.mil)

**NOTE: All financial aid paperwork must be received within 60 days after the deadline date. Fall semester (15 October) Spring Semester (15 February)**

**\*Application is not compatible with MAC computers**

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**Acknowledgment of Requirements**  
**Recruitment Incentive and Retention Program**

**(You MUST check all boxes)**

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

a. In order to participate in the program, I must be a resident of the State of New York in excess of 186 days per year and remain a resident of the State of New York (except during tours of federal active duty) while participating in and receiving benefits from the program.

b. In order to participate in the program, I must remain a member in good standing in the New York Army National Guard (NYARNG), New York Air National Guard (NYANG), or New York Naval Militia (NYNM), as verified by the commander or service representative of my respective component.

c. While receiving any educational benefits from the program, 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 in the program.

d. If during a semester/term in which I am receiving educational benefits, 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 program will be terminated and I will assume the responsibility for paying that portion of the semester/term tuition.

e. If I fail to complete my service for the period I receive RIRP, I will have to repay the State of New York the total amount of RIRP educational benefits received in accordance with DMNA 621-1.

f. I must declare all educational reimbursements, including aids received from employers, and such reimbursement will be used to reduce the cost of tuition to be paid by the program.

g. Final determination of the amount of educational benefits for which I am eligible shall be made by the Division of Military and Naval Affairs.

h. The educational benefit from the program may be applied toward tuition only and I am responsible for the cost of books, fees, room and board, and any other non-tuition charge.

i. 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 program.

j. I must provide a TAP Award Certificate, FAFSA Submission Summary, and college enrollment verification to my Service Representative each semester I use the program.

k. 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.

l. 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.

m. I must submit my grade reports to my Service Representative at the end of each semester. I also 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.

2. If during the semester I am receiving RIRP, my status changes for any of the reason(s) listed below, I will promptly inform my Service Representative.

a. Failed to maintain good standing in the NYARNG, the NYANG, or the NYNM.

b. Failed to maintain the academic standards of the college or university in which I am enrolled and HESC.

**I understand that if I fail to meet all the above listed requirements, I am subject to repayment of all RIRP tuition benefits received.**

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.

**1. SERVICE MEMBER INFORMATION**

<b>a. Name (Last, First, Middle Initial)</b>		<b>b. Rank</b>	<b>c. Branch of Service</b>	<b>d. DOD ID Number</b>
<b>e. Enlistment/Appointment Date (MM/DD/YYYY)</b>			<b>f. Military Service End Date (MM/DD/YYYY)</b>	
<b>g. Military Status</b>	<b>h. Personal Email Address</b>		<b>i. Cell Phone Number</b>	
<b>j. Mailing Address Street, City, State and Zipcode</b>				
<b>k. UIC (Army) / PAS Code (Air) / Reserve Code (Naval Militia)</b>				
<b>l. Unit Name, Address Street, City, State and Zipcode</b>				

**2. COLLEGE AND UNIVERSITY INFORMATION**

<b>a. School Code and School Name</b>		
<b>b. Date Matriculated (MM/DD/YYYY)</b>		<b>c. Expected Graduation Date (MM/DD/YYYY)</b>
<b>d. Current Semester / Year</b>	<b>e. Semesters Completed</b>	<b>f. Type of Degree</b>
<b>g. Attendance Status</b>	<b>h. Current G.P.A.</b>	<b>i. # of Credits Enrolled</b>

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).

APTS\*    NYS TAP\*    PELL\*    FTA/ARNG    POST 9/11    OTHER

Description:

### 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. 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 program 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). 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 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'S 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 and ANG applicants do not require a Commander/Authorized Representative signature.**

RANK/POSITION:

b. COMMANDER'S SIGNATURE

PHONE NUMBER:

EMAIL ADDRESS:

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