

**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  
**PURPOSE:** To establish eligibility to participate in the Division of Military and Naval Affairs-  
 New York State, Education Incentive Program  
**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, by **15 December**  
 for the Spring semester, and **TO BE DETERMINED** for Summer Courses.

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

**1. SERVICE MEMBER DATA**

**a. Date of Birth:**

**b. NAME** (Last, First, Middle Initial)

**c. RANK**

**d. SSN**

**e. ETS/EOS** (YYMMDD)

**f. MAILING ADDRESS & E- Mail Address:**  
 (Street, City, State, Zip Code & full e-mail address)

**g. UNIT OF ASSIGNMENT & ADDRESS**

**h. DAYTIME TELEPHONE**

**i. Status** (circle one)  
 AGR / Technician / Traditional

**j. BRANCH OF SERVICE**

**k. UNIT IDENTIFICATION CODE**  
**UNIT PASS CODE/RESERVE**

**I. DATE OF ENLISTMENT/APPOINTMENT**

**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.




**Name of School**

**School Code**

**Expected date of graduation**

**b.** Print semester and year for this benefit (e.g. Spring 1997).




**c.** Circle attendance status & indicate # of credits.

Full Time

Part Time

# of Credits

Current GPA \_\_\_\_\_

**d.** Circle 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**

<b>3. APPLICANT CERTIFICATION STATEMENT</b>	
<p>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.</p>	
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	g. DATE
<b>4. COMMANDER'S/AUTHORIZED REPRESENTATIVE CERTIFICATION</b>	
<p>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:</p>	
b. NAME (TYPED OR PRINTED)	c. RANK
d. SIGNATURE	e. DATE
<b>5. TO BE COMPLETED BY THE EDUCATION SERVICES OFFICER</b>	
<p>a. APPROVED: (DMNA Form 96-2 will be issued to the school)</p> <p>b. DISAPPROVED: (Reason)</p>	
<p>_____</p> <p>_____</p> <p style="text-align: center;"><b>SIGNATURE OF ESO/REP &amp; DATE</b></p>	

**Directions for - Appendix B**

**DMNA Form 96-1 - Directions**

All applications must be completed and forwarded to your Education Service Representative located at DMNA Headquarters by 15 August for the Fall semester and 15 December for the Spring semester.

**Additionally:**

Army – Completed applications must be forwarded directly to the Education Service Office.

Air – Completed applications must be submitted to the Unit Retention Manager which in turn must forward to HQ – NYANG by the established deadline.

Naval Militia – Completed application must be signed at the unit level during the month of June for the Fall semester and the month of October for the Spring semester and then forwarded to the Education Office representative at DMNA by the established deadline outlined above.

- Date for the summer semester to be determined.