

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 1-2, 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 3, Section 1 - Service Member Information.** 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 3, 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 4, 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 4, 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)
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

a. Name (Last, First, Middle Initial)	b. Rank	c. Branch of Service	d. DOD ID Number
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e. Enlistment/Appointment Date (MM/DD/YYYY)	f. Military Service End Date (MM/DD/YYYY)
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g. Military Status	h. Personal Email Address	i. Cell Phone Number
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j. Mailing Address Street, City, State and Zipcode

k. UIC (Army) / PAS Code (Air) / Reserve Code (Naval Militia)

l. Unit Name, Address Street, City, State and Zipcode

2. COLLEGE AND UNIVERSITY INFORMATION

a. School Code and School Name

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