

**KANSAS NATIONAL GUARD STATE TUITION ASSISTANCE
STATEMENT OF UNDERSTANDING FOR DEPENDENT**



Dependent Name: _____
(Last, First, Middle Initial) - PLEASE PRINT

Social Security #: _____
(Last 4 Only)

Sponsor's Name: _____

DODID: _____

Applicants must check each box indicating acceptance of requirements.

I understand that my completed application must be submitted to the Education Office by 31 August for Fall Semester or 31 January for Spring Semester.

I understand funding is not guaranteed. I understand funding is subject to availability of funds after KS National Guardsmen and is distributed on first-come first-serve basis.

I will monitor my school account and ensure payment is made prior to end of current semester. Any issues with my account MUST be addressed by the end of current semester. KBOR will not pay once semester is over.

I have graduated high school (or GED equivalent) and have not previously received a bachelor's degree from an accredited postsecondary institution.

I have been enrolled, or have been accepted for enrollment, as a full-time or part-time undergraduate student in an approved private or public institution in Kansas.

I am only authorized a **maximum of 15 credit hours per semester (summer courses not covered) and 150% total credit hours required for an education degree program.**

I must apply for FAFSA annually (not contingent on being able to use STA) and must provide proof with this form (screen print is acceptable or forwarded email from FAFSA showing successful submission).

I must maintain a cumulative grade point average (GPA) of at least a two point zero (2.0) on a four point (4.0) scale. I must provide an unofficial copy of transcript for each semester with this form. **(Not applicable first time use)**

I understand that using State TA incurs a service obligation for the sponsor to the Kansas National Guard for 2 years after course end date.

The sponsor cannot be flagged for any reason, including (but not limited to) Physical Fitness Test failure, HT/WT failure, or other Adverse Actions.

I understand that if awarded STA, it shall not exceed the maximum rate that has been approved by the Kansas Board of Regents for Kansas educational institutions.

I understand if my application is submitted after the start date of classes and there is a discrepancy that is not rectified by me prior to school's published drop date then my application will be denied, and I will be responsible for funding the semester.

I am an eligible dependent listed under the sponsor in DEERS.

College/University: _____

Credit hours: _____

Which semester are you applying? _____

Start Date of Class: _____

Are you using an approved GI Bill? Yes___ No___ If using GI Bill, which one? Chap 33 Post 9/11___, CH35___

Phone number: _____ Email you check often: _____

DON'T FORGET TO INCLUDE TRANSCRIPT (SHOWING CUMULATIVE GPA) & FAFSA PROOF OF APPLICATION

I certify all of the above information is true and complete to the best of my knowledge.

Dependent Signature (Handwritten or Digital Signature)

Date: (YYYYMMDD)

Sponsor's Signature (Handwritten or Digital Signature)

Date: (YYYYMMDD)

Email documents: ng.ks.ksarng.mbx.g1-education-services@army.mil

MAY 2025