

CONNECTICUT GUARD TUITION WAIVER APPLICATION

Privacy Act Statement

AUTHORITY: Executive Order 9397

PURPOSE: To establish eligibility to participate in Tuition Waiver Program.

DISCLOSURE: Voluntary, however, failure to provide personal information may preclude processing of MDCT FORM 1-95-R, Tuition Waiver Application.

DIRECTIONS: Complete application and return to YOUR unit administrator NLT 1 July for the Fall semester, and NLT 1 November for the Spring Semester.

1. SERVICE MEMBER DATA

a. NAME (Last, First, Middle Initial)	b. RANK	c. LAST FOUR SSN	d. ETS DATE (YYMMDD)
e. HOME MAILING ADDRESS (HOR) (Street, City, State, Zip Code)		f. UNIT OF ASSIGNMENT	
		g. UNIT IDENTIFICATION CODE (UIC)	
		h. STUDENT IDENTIFICATION NUMBER	

2. STATE PUBLIC COLLEGES AND UNIVERSITIES INFORMATION

a. Write the number or letter in the box of the state college or university to which you have been accepted, or are currently enrolled. [NOTE: Full-time is defined by state college/universities as 12 credits or more.]

University of Connecticut: (Full-time, Part-time)

(01) University of Connecticut

Connecticut State University: (Full-time, Part-Time)

(02) Central Connecticut State University
(03) Eastern Connecticut State University
(04) Southern Connecticut State University
(05) Western Connecticut State University

Connecticut State Community College: (Full-time, Part-time)

(06) Asnuntuck Community College
(07) Capital Community College
(08) Gateway Community College
(09) Housatonic Community College
(10) Manchester Community College
(11) Middlesex Community College
(12) Naugatuck Valley Community College
(13) Northwestern CT Community College
(14) Norwalk Community College
(15) Quinebaug Valley Community College
(16) Three Rivers Community College
(17) Tunxis Community College

Enter School Code (1-18)Here

Charter Oak State College: (Full-time, Part-time)

(18) Charter Oak State College

b. Semester name/year for this waiver (i.e. Fall 2025)	Semester	Year		
c. Attendance status:	Full-time	Part-time	Day	Night
d. Degree program for waiver:	Undergraduate	Graduate		
e. Degree previously earned:	Associate	Bachelor	Master	None
f. I am / am not receiving educational assistance from my employer.				

3. APPLICANT CERTIFICATION STATEMENT

a. I certify that I understand the provisions of CTMD Circular 2021-1 which states that I must remain a member in good standing of the Connecticut National Guard as defined by appropriate Army/Air Regulations for the Certificate of Eligibility to remain in force. I further understand that I must maintain the academic standards of the appropriate college/university. **Failure to remain a member in good standing (one unexcused absence) SOLDIERs INITIALS _____ or to meet academic standards may result in the Certificate of Eligibility being terminated and the cost of Tuition being passed on to the individual.**

I understand that I must declare all educational reimbursement from my employer and that such reimbursement will be reduced from the tuition waiver. I understand that the final determination of my entitlement for the tuition waiver is made by the school of attendance. "I understand that the tuition waiver covers only state college/university courses for which TUITION is charged. Courses for which "fees only" are charged to include extension courses and summer courses ARE NOT COVERED BY THE WAIVER."

b. APPLICANTS SIGNATURE

c. DATE

4 COMMANDERS/AUTHORIZED REPRESENTATIVE CERTIFICATION

a. I certify that the applicant meets the criteria for the Certificate of Eligibility as specified in CTMD Circular 2021-1.

b. I certify the following drill attendance for this service member: (Identify using coding data reported to SIDPERS)

FALL: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ SPRING: ☐ ☐ ☐ ☐
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

SPRING: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(did not attend Fall) May Jun Jul Aug Sep Oct Nov Dec

c. NAME

d. PAY GRADE

e. SIGNATURE

f. DATE

5. TO BE COMPLETED BY THE ESO

a. Application is disapproved:

___ incomplete or missing information MDCT 1-95

___ must have applicant's signature

___ must have Commander's/Cdr's representative signature applicant's

___ failure to meet eligibility requirements IAW CTMD Circular 2021-1 Paragraph _____