

CGMA – APPLICATION FOR EDUCATION LOAN

Instructions for completion: All applicants are to complete Sections A, B (if applicable) and C, read Section D and sign the application for assistance. Return the completed, signed application along with supporting documentation to a local CGMA Representative for processing.

Section A – CGMA CLIENT INFORMATION

1. Name: Last	First	MI	2. Rank/Rate/Grade	3. Social Security #	4. Home Phone #
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5. Home Address: Street		Apt. No.	City	State	Zip Code
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6. Status: (Indicate prior status if CGMA Member is deceased)					
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> CGES <input type="checkbox"/> PHS <input type="checkbox"/> Other _____					
7. Present Unit: (if applicable)				OPFAC #	8. Work Phone #
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9. Date of Birth (MM/DD/YYYY)	10. Years of Service	11. Anticipated date of Separation (MM/DD/YYYY)		12. Date Retired (MM/DD/YY)	
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Section B – STUDENT INFORMATION (To be completed if not the client.)

13. Name: Last	First	MI	14. Social Security #	15. Relationship to Client
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Section C – EDUCATION LOAN ASSISTANCE REQUESTED (may not exceed \$2,000)

16. Type of Assistance Requested	17. Total Amount of Assistance Requested	18. Requested Monthly Repayment Amount
Interest-Free Education Loan Only	\$	\$
Spending plan: <input type="checkbox"/> Tuition \$ _____ <input type="checkbox"/> Fees \$ _____ <input type="checkbox"/> Other Expenses \$ _____ <input type="checkbox"/> Transportation Expenses \$ _____ <input type="checkbox"/> Course Materials \$ _____ Explain _____		
Other Funding Sources: Student Loans \$ _____ Scholarship Grants \$ _____ <small>(Provided specifically to offset the above costs.)</small>		
Attach the following documents: <input type="checkbox"/> The student's proof of enrollment (e.g. a letter from the Registrar's office) <input type="checkbox"/> Documented Cost Estimates (e.g. tuition/fees list, course syllabus listing required course materials, etc.) <input type="checkbox"/> When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) <small>(If the client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)</small>		

Section D – APPLICANT'S CERTIFICATION

Everything that I have stated in this application and attached documents is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds for denial of this request. I understand and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be placed in the CGMA Representative's unit file.

Applicant's Signature _____

Date / /