



**SOUTH CAROLINA AIR NATIONAL GUARD
COLLEGE ASSISTANCE PROGRAM (SCANG-CAP) APPLICATION
AND STATEMENT OF UNDERSTANDING**

1. CAP funds are available to all eligible South Carolina Air National Guard airmen on a **first come/first serve basis**. I understand I may receive up to **\$9,000** dollars per academic year and a cumulative total not to exceed **\$18,000** dollars. These amounts are **subject to the availability of funds**.
2. CAP funds are available for guard members in an **active drilling status** and coded as a **satisfactory participant** and have completed:
 - a. Basic Military Training (BMT) **and** Initial Active Duty Training (IADT).
 - b. **Expiration of Term of Service (ETS)** date cannot fall within the academic semester SCANG-CAP funds are requested for. I must extend or reenlist or I will not be eligible for CAP funds.
 - c. **ROTC** scholarship recipients are **not eligible** for CAP funds.
 - d. CAP funds are only applicable to state public and independent institutions of higher learning whose major campus is headquartered in South Carolina.
 - e. CAP funds are for coursework related to:
 1. At least a one-year educational program that leads to the first certificate or other recognized educational credential (e.g. diploma).
 2. **First** two-year degree program or associates degree.
 3. **First** bachelor's degree, **or**:
 4. Program of study that is structured **not** requiring a bachelor's degree for acceptance into the program leading to graduate degree.
 5. CAP is limited to **130** credit hours of undergraduate credit or a first bachelor's degree.
 6. Guard members with over **130** credit hours or a first bachelor's degree are not eligible for CAP funds including credit hours attempted by the airmen prior to enrolling in CAP.
 7. CAP funds can be used at one academic institution per semester.
3. Applications must be submitted **annually** to the Retention Office. Applications are only accepted from **June 1st** through **August 1st** each academic year.
4. Your application will be processed in **the order received**, until exhaustion of available CAP funds. The **availability** of CAP funds will determine the number of approved applications.
5. If I transfer mid-year to another academic institution then it is my responsibility to notify the losing institution. A new application is required for the new academic institution where I am transferring to in order to determine CAP eligibility.

6. I hereby consent to the release of financial information pertaining to my student account and the release of grades and/or course completion status at the institution in which I am enrolled in and utilizing CAP funds at to the South Carolina Commission on Higher Education.
7. I understand that I must maintain all requirements for **satisfactory academic progress** towards degree completion as established by my academic institution.
8. I understand that it is my responsibility to provide my institution with a copy of all my college transcripts from previous college enrollments.
9. **I AGREE TO THE ABOVE CONDITIONS FOR THE USE OF COLLEGE ASSISTANCE PROGRAM FUNDS AS VERIFIED BY MY SIGNATURE BELOW**

Printed Last Name, First Name, MI	SSN	Rank/Grade
Mailing Address (Street, City, State, ZIP Code)		Phone Number
Email Address	Unit	AFSC
Course Start Date	Home Academic Institution	Campus Location
ETS Date	<u>Enrolling For:</u>	All 3 Semesters Or Fall Spring Summer
Signature of Applicant		Date

*****ALL OTHER PREVIOUS VERSIONS OF THE CAP APPLICATION ARE NO LONGER VALID FOR USE*****

AFTER YOUR COMMANDERS APPROVAL, PLEASE SUBMIT YOUR COMPLETED APPLICATION BETWEEN 1 JUN - 1 AUG FOR THE ACADEMIC YEAR TO:

usaf.sc.169-fw.mbx.RSO-CAP-Applications@mail.mil or FAX: 803 647-8608

FROM: Unit Commander

To: 169 FSS/RSO

"I the Commander of _____, have determined that this service member is "in good standing." At the time of this determination the service member had none of the ineligibility factors found in AIR NATIONAL GUARD INSTRUCTION 36-2002, ENLISTMENT AND REENLISTMENT IN THE AIR NATIONAL GUARD AND AS A RESERVE OF THE AIR FORCE, Table 4.1 – Reenlistment and Extension Ineligibility Factors."

Unit Commander Date: _____

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA) CONSENT
AND RELEASE FORM**

I, _____, the undersigned, hereby authorize
(PLEASE PRINT FULL NAME)

(PLEASE PRINT NAME OF INSTITUTION)

(hereafter referred to as "the institution") and its authorized representatives to photocopy and release specifically requested material documents or the complete and entire contents of my student financial, academic, personal, and all other records held by the institution upon request by the USPFO (The United States Property and Fiscal Office) Internal Review. These records may include, but not be limited to, the following:

1. All financial aid records (records include: status of file, award and disbursement of funds information, academic and Satisfactory Academic Progress).
2. All academic/transcript records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).
3. All student account records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, and refund information).

I acknowledge by my signature that I understand that although I am not required to release my records to these individual(s) or entities, I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the written revocation is delivered to the National Guard. I understand that any such revocation shall not affect the government agencies' authority and/or its authorized representatives or assigns to audit student records.

Signature: _____

Date: _____