



Coast Guard Mutual Assistance

Application for (SEG) Supplemental Education Grant

Instructions for completion: Form to be completed by the CGMA client and forwarded to the nearest CGMA Representative. If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (*).

CGMA CLIENT INFORMATION

1. Name: Last		First	Middle Initial	2. Social Security Number XXX-XX -		3. Employee ID #			
*4. Home Address: Street.			Apt. No	City	State	Zip Code	*5. Home Telephone Number () -		
*6. Home E-mail Address			*7. Year of Birth (YYYY)		*8. Year Joined CG (YYYY)		*9. Year Retired from CG (YYYY)		
*10. Rank/Rate/Grade:			*11. Current Duty Station and OPFAC (if applicable)			*12. Work Telephone Number () - ext.			
*13. Status: (Indicate prior status if CGMA client is deceased)									
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> PHS <input type="checkbox"/> CGMA									
14. Check here if CGMA client is deceased <input type="checkbox"/>			15. Name of Surviving Spouse/legal guardian: Last					First	M.I.

STUDENT INFORMATION

16. Name: Last		First	Middle Initial	17. Social Security Number XXX-XX -		18. Employee ID #	
19. Address: Street			Apt. No.	City	State	Zip Code	-
20. Year of Birth (YYYY)	21. Telephone No: () -		22. Student is a: (check one)				
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child							

CLIENT'S CERTIFICATION

I certify that all information indicated above is true, accurate, and complete, and that:

- The student is enrolled in a college or university undergraduate or post graduate degree program, earning a Vocational and Technical Training (VoTech) certificate; or seeking a General Equivalency Diploma (GED).
- I am not receiving payment or reimbursement for these items from any other source.
- SEG Grants I am requesting this calendar year will not exceed \$500, and not more than \$500 has been requested on behalf of any particular student in this calendar year.

I have attached the following documents:

- The student's proof of enrollment (e.g. a letter from the Registrar's Office)
- The student's original receipts for each item dated within the past 12 months
- When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the CGMA client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)

I request reimbursement in the amount of \$ _____

CGMA Client's Signature _____ **Date** ____ / ____ / ____

Sign and submit the completed form with attachments to the nearest CGMA Representative:

Visit our Web site at www.cgmahq.org or call CGMA-HQ at (800) 881-2462 for CGMA Representative Locations.