Enclosure J
(Conditional Scholarship Application)

SERVICE MEMBER INFORMATION

NAME: Last First MI

SSN GRADE

FOR OFFICE USE ONLY
Date of Oath of Enlistment ETS: (YY/MM/DD)

( ) -
HOME PHONE NUMBER

( ) -
UNIT PHONE NUMBER

STREET ADDRESS

UNIT

CITY STATE ZIP

E-MAIL ADDRESS

COLLEGE/UNIVERSITY INFORMATION

INSTITUTIONS ATTENDED /ADDRESS IN WASHINGTON* MAJOR

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/
/

*Must be an institution located in Washington that provides approved training under the Montgomery GI Bill; must be working on a baccalaureate, associate's degree, advanced degree, or certificate. Institutions that are based outside of Washington and do not have a physical location in the state of Washington are not eligible.

CURRENT LEVEL OF EDUCATION

- ☐ Undergraduate
- ☐ Associates Degree
- ☐ Bachelor Degree
- ☐ Graduate Student

Type of degree you are currently pursuing

- ☐ I am applying for the maximum potential credits
- ☐ I am applying for QH (table on Form 627R)

Forward this completed application, the Statement of Understanding and Terms of Conditions, Direct Deposit Authorization form, W9 for Electronic Transfer of funds, and documentation showing your current enlistment or contractual obligation dates, retirement point summary, and memorandum denoting your good standing within your assigned unit to the address of the appropriate Education Services Offices listed in Enclosure D.

Note that only official proof of enrollment sent directly from the school to the Education Services Office will be accepted.

APPLICANT SIGNATURE DATE

PRINTED NAME OF **Army/Air: Commander/Auth Rep**

COMMANDER/REP SIGNATURE DATE

PRINT RESET