Oklahoma National Guard Educational Assistance Program
Service Member Certification

Name (Last, First, MI):	
Last 4 of SSN:	

https://ok.ng.mil/eap/

SERVICE MEMBER:

By signing this form, I am certifying the following eligibility requirements:

- **I am a current member of the Oklahoma National Guard**
- **I have at least one (1) year remaining on my enlistment contract at the beginning of the semester**
- **I understand I will serve for not less than twenty-four (24) months after completion of the last semester for EAP funded course (s)**
- **I am not flagged: (Height/Weight, AFT, PFT…)**
- **I understand I will need to possess a MOS/AFSC after the first semester of receiving EAP funding**
- **I will maintain a cumulative GPA of a 2.0/3.0 or above for associate's/bachelor's or master's degree**
- **I understand I may be recouped financially for failing to meet the requirements for EAP assistance**
- **I am fully aware that if my EAP request is not submitted by the deadline, I will not receive EAP for that semester**

Student/ Service Member Signature
(CAC Signature Only)

***EAP DEADLINES*:**

SPRING SEMESTER	**1 OCTOBER – 31 DECEMBER**
FALL SEMESTER	**1 APRIL- 30 JUNE**

COMMANDER:

I certify that this member is a member of the OKNG and meets all program requirements.

Satisfactory Participant: YES ____/ NO_____

Service Member has active Flag: YES____ / NO____

Service Member has at least one (1) year remaining on their enlistment contract at beginning of semester: YES____/ NO____

Service Member agrees to serve actively in good standing with the Oklahoma National Guard for not less than 24 months after completion of last semester in which the member receives assistance. YES___/ NO____

Approved____/ Denied____

Commander Signature
(CAC Signature Only)

*****EAP Application will be denied if form is not signed by Student/Service Member and their Commander*****