

# Application for CGMA Supplemental Education Grant (SEG)

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		3. Employee ID #	
*4. Home Address: Street		Apt. No.	City	State		Zip Code	
*5. Home Telephone Number ( ) -			*6. Home E-mail Address				
*7. 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							
*8. Rank/Rate/Grade (if applicable)		*9. Current Duty Station and OPFAC (if applicable)			*10. Work		Ext
					( ) -		
11. Check here if CGMA client is deceased <input type="checkbox"/>			12. Name of Surviving Spouse/legal guardian: Last		First	M.I.	

## STUDENT INFORMATION

13. Name: Last		First	M.I.	14. Social Security Number		15. Date of Birth (MM/DD/YYYY)		16. Age: (If Dependent Child)	
				- -		/ /			
17. Student is a: (check one)								18. Telephone No: Student's	
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child								( ) -	

## Client Certification:

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

- The student is enrolled in a **first** Associate or Bachelor 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 \$250, and not more than \$250 has been requested on behalf of any particular student in this calendar year.

I request reimbursement in the amount of \$ \_\_\_\_\_

\*CGMA client's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Attach 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.)

Submit the completed form with attachments to the nearest CGMA Representative. Visit our Web site at [www.cgmahq.org](http://www.cgmahq.org) or call CGMA-HQ at (800) 881-2462 for CGMA Representative Locations.

## To Be Completed By the CGMA Representative

- The applicant provided all necessary information and documentation for this SEG.

Check (# \_\_\_\_\_) Amount \$ \_\_\_\_\_.

CGMA Representative's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Unit Name: \_\_\_\_\_

**NOTE:** This form, with attachments, including original dated receipts, must be placed in the CGMA Representative's unit file. If the dollar amount of qualifying purchases exceeds the yearly entitlement, you may mark the original receipt(s) to show the amount of this SEG, date issued, control number, and check number, sign the notation and return the receipt(s) to the applicant. Retain a photocopy in the CGMA Representative's unit file.