## State Tuition Assistance Exception to Policy (ETP) Instructions

Members may appeal underfunded or denied applications by submitting a request for an Exception to Policy (ETP). This includes late applications which may be considered on a case-by-case basis based on funding. The following items are required to request an Exception to Policy (ETP):

### From the Soldier:

- 1. Soldier's written request for an Exception to Policy (ETP) in letter or memo format. See AR 25-50 for help if using memorandum format.
- 2. Signed State Tuition Application (AGO Form 18-7). Available online by clicking "Apply for State TA": https://ky.ng.mil/Personnel-Services/Education-and-Incentives/

# From the Unit Representative:

- 1. Completed DA 4856 Counseling Statement reaffirming program eligibility and importance of application deadlines.
- 2. Commander's recommendation memo.
- 3. Submit all four (4) documents to the Education & Incentives Office: ng.ky.kyarng.mbx.education-services-office-mailbox@army.mil

Completed ETP requests will be reviewed for approval based on merit and funding by the Deputy Chief of Staff, Personnel. Results will be immediately returned to the unit.

Questions may be directed to SFC Adam Wilson, Education and Incentives NCOIC, at adam.s.wilson11.mil@army.mil or 502-607-1307.

	· ·	KENTUC	KY NAT			TION AWARD PROGRA	AM AP	PLIC	ATION	
						HE PRIVACY ACT OF 1974				
AUTHORITY:	KRS.					<u>. — :                                    </u>				
PRINCIPAL PURPOSE:	Used to app	ply for Ker	ntucky Nati	ional Guard tuition av	ıward.					
ROUTINE USES:	To Academic Institutions who need to verify the approval of a TA Recoupment Waiver.									
DISCLOSURE:	• ,	Voluntary; however, failure to furnish all information could delay or prevent award of tuition. Failure to submit this form for approval before the deadline could also prevent award for tuition. Deadlines for Fall and Spring semesters are 01 April and 01 October respectively.								
						PPLICANT INFORMATION:	-		, ,	
1. APPLICANT N	NAME (Last,	First, MI)		<u> </u>	<u> </u>	2. GRADE			3. DOD ID	
									<u> </u>	
4. HOME ADDRE	ESS								5. HIGHEST LEVEL COMPLETED	
						Select From Dropdown			Select From Dropdown	
(Street)			(City)		<del>-</del>	(State) (Zip Code)				
6. UNIT INFORM	<u>IATION</u>				7. SC	CHOOL NAME			<u>PE OF PROGRAM</u> ATTENDING ect From Dropdown	
(Unit Name)			(UIC)	(Payroll Number)	╣ <u></u>					
9. HOURS PLAN	INED FOR T	HIS APPL		PERIOD	12. T	12. TERM BEGINNING DATE 11			ERM DESIGNATION	
				!				Se	elect From Dropdown	
12. APPLICANT	CONTACT	NEORMA.	TION						<del></del> _	
12, ALI LIO,	CONTAC.	NE OTAGE.					$\neg$			
(Preferred Email)			Contact	t Number)		(Unit Contact Number)	———			
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	d, certify that	t the inform	nation on th	his form is true and o		ibility and acknowledge my in at to the best of my knowledge			if my ETS is during the award period that the awarding of tuition is	
APPLICANT SIG					]					
DATE					<u>]</u>					
I certify that the a	applicant is a	_				ED REPRESENTATIVE'S AFI			n for which the applications is made.	
SIGNATURE										
DATE								_		
Forward	CAC signer	d Applicat	tion to: iar	net_crickmer_nfg@a		BMISSION: nil or ng.kv.kvarng.mbx.edu	ication-s	ervico	es-office-mailbox@army.mil	
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DATE RECIEVE	D									
PRIORITY										
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AWARD AUTHO	RIZED									
ADDITIONAL INFORMATION:										

	DEVELOPMENTAL COUNSELING FORM For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.							
AUTHORITY:	PRIVACY ACT STATEMENT 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.							
PRINCIPAL PURPOSE:	These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.							
NOTE:	For additional information, see the System of Records Notice A0600-8-104b AHRC, https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-Vi							
ROUTINE USE(S):	Article/570051/a0600-8-104b-ahrc/.  There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system cecords notice specified in the purpose statement above.							
DISCLOSURE:	Disclosure is voluntary.							
PART I - ADMINISTRATIVE DATA								
Name (Last, Firs	et, MI)  Rank/Grade  Date of Counseling							
Organization	Name and Title of Counselor							
	PART II - BACKGROUND INFORMATION							
	inseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts is prior to the counseling.)							
Approach:	Non Directive ☐ Combined ✓ Directive							
Type of Couns	seling: 🗸 General Form 📗 Professional Growth 📗 Performance 🔲 Event Oriented							
-Member has f	Cailed to apply for State Tuition Assistance in a timely manner.							
-Reiterate the	service member's applicable deadlines for using the Kentucky National Guard State Tuition Assistance Program.							
PART III - SUMMARY OF COUNSELING Complete this section during or immediately subsequent to counseling.								
Key Points Disc	cussion:							
1st for the Spr Kentucky publ college so mos	er's participating in the KYNG State Tuition Assistance Program have two important deadlines: April 1st for Fall term, October ing term. State tuition assistance currently only pays for Fall and Spring semesters. It pays up to 100% of college tuition at lic 2-year and 4-year colleges and universities. Participating private colleges are capped at the average cost of a public 4-year st are not covered 100%. Eligibility for State TA ends upon reaching their first bachelors degree. Eligibility is suspended for end for any reason or if charged with an unexcused absence (UNSAT) from drill or annual training within the last 12 months.							
they remain in applications m while the webs to apply and h	Assistance can be applied for anytime prior to deadlines. It is important Soldiers take on the personal responsibility to ensure good standing with their units for continued eligibility AND apply before each deadline without procrastination. Late any be reviewed based on merit and available funding and are never guaranteed. The application is currently in paper form site is being replaced. The application is required before every term. Units will support their students by reminding members elp them maintain overall eligibility. Soldiers who are inclined to attend college should apply for State TA before the deadline ing. Soldiers may contact the Education Office to modify or cancel their application as needed without any penalty.							
	Cuition Assistance may be used in conjunction with other education benefits. These programs may remain available to a fit they are not approved for State Tuition Assistance. These include:							
(www.armyigi may be used for	on Assistance (FTA) is offered by the Department of the Army (DA) using the Army Ignited website nited.army.mil). FTA may be used up to 16 semester hours per fiscal year (FY). FTA pays up to \$250/hr (\$4,000/yr). FTA or Summer and Winter terms. FTA may be used up to a masters degree and includes schools outside Kentucky. Eligible d apply 60 days (but no less than 8 days) before their term starts.							
Montgomery ( active-duty ser	ams are available to eligible Soldiers from the Department of Veteran's Affairs (DVA). This includes the Chapter 1606 GI Bill-Selected Reserves (MGIB-SR) and Chapter 33 Post 9/11 GI Bill for those who have completed 90+ days of qualifying vice (e.g. mobilization). GI Bill programs pay the member directly and may be used up to 36 months at the full-time rate. draw a GI Bill for themselves while using State Tuition Assistance to pay the tuition directly to the school.							

OTHER INSTRUCTIONS This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and

- Additional State and Federal benefits (e.g. KEES, FAFSA, Scholarships) may also be available. See your school's Financial Aid Office.

notification of loss of benefits/consequences see local directives and AR 635-200.

#### ( This document is considered Controlled Unclassified Information (CUI) when filled.)

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below). Soldier will commit to complete the following within 10 business days: 1. Provide their unit, if they have not already, a signed State TA application (AGO 18-7) available from their unit personnel or at: https://ky.ng.mil/Personnel-Services/Education-and-Incentives/ 2. Provide to their unit a written request for an exception to policy (ETP) asking that their application be considered. Requests are generally 1-2 paragraphs, but should be no more than one (1) page in length. The ETP request should include any justification or extenuating circumstances that inhibited them from meeting the application deadline. Request may be in letter or memo format. 3. Contact the KY National Guard Education Office regarding any questions they have regarding State TA and other eligible education benefits (e.g. FTA, GI Bill) that could not be answered fully by unit personnel. POCs are listed on the website above. Unit will: 1. Sign the member's application (AGO 18-7) if member is in good standing with the unit and meets program eligibility. 2. Review the member's written ETP request. 3. Enclose a signed copy of this developmental counseling (DA 4856). 4. Add a commander's recommendation memo outlining if the request is supported. 5. Submit the ETP packet to the Education and Incentives Office for approval/dissapproval by Deputy Chief of Staff, Personnel: ng.ky.kyarng.mbx.education-services-office-mailbox@army.mil Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.) Individual counseled: I agree disagree with the information above. Individual counseled remarks: DATE (YYYYMMDD): Signature of Individual Counseled: Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.) Signature of Counselor: Date (YYYYMMDD): PART IV - ASSESSMENT OF THE PLAN OF ACTION Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.) **SIGNATURES** Counselor: Individual Counseled: Date of Assessment (YYYYMMDD): Note: Both the counselor and the individual counseled should retain a record of the counseling.