



Coast Guard Mutual Assistance

Application for (SEG) Supplemental Education Grant

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

CGMA Client Information							
Name: First	M.I.	Last	Suffix	SSN last 4	Employee/Auxiliary ID		
Home address: Line 1				Line 2	City	State	Zip Code
Phone #							
Member Status:	Active Duty	Retired	Reserve	Civilian	Auxiliary	PHS	Other
Rank/Rate/Title	Unit		OFPAC #		Check if client is deceased		
Married:	# of Dependent including spouse		Year joined CG	Year retired	Year of birth		
Yes	No						
Email address: personal/Zelle				Email address: Work			
Zelle is an electronic disbursement application between CGMA's bank and yours.							

Student Information						
Name: First	M.I.	Last	Suffix	SSN last 4	Relationship to Client	Power of Attorney
					Yes	No
Email address: personal/Zelle				Year of Birth	Phone #	

Request and purpose			
Type of Assistance Requested	Amount requested	Prefer Funds:	
Grant	\$	Apply to my CGMA loan	Electronic disbursement
		Check	

CGMA Client/Applicant's Certification	
<p>I certify that all information indicated above is true, accurate, and complete, and that:</p> <p>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).</p> <p>I am not receiving payment or reimbursement for these items from any other source.</p> <p>The amount I'm requesting does not exceed the maximum amount for the calender year</p> <p>I have attached the following documents:</p> <p>The student's proof of enrollment (e.g. a letter from the Registrar's Office)</p> <p>The student's original receipts for each item dated within the past 12 months</p> <p>When mailing application, provide proof of eligibility for assistance</p>	
Client's Signature _____	Date _____