



Coast Guard Mutual Assistance

Education Advocate 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.

Purpose: Provides reimbursement to Coast Guard families with members that are required to undergo evaluation for either an Individualized Education Plan (IEP) for dependents 3 and older, or an Individual Family Support Plan (IFSP) for dependents 0 to 3. **Eligibility:** All Active Duty, Reservists and CG Civilians issued orders that result in a special needs dependent being relocated to a new school district. May also be used where no orders exist, but the dependent is undergoing their initial IEP or IFSP at a member's current duty station.

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

Applicant Information						
To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)						
Name: First	M.I	Last	Suffix	SSN last 4	Relationship to Client	Power of Attorney
						Yes No
Email address: personal/Zelle			Pre-Authorization Form		Phone #	
			Yes No			

Request and purpose			
Amount requested (limited to \$500)	Prefer Funds:		
\$	Apply to my CGMA loan	Electronic disbursement	Check
Reason for assistance (attach additional pages if necessary and documentation)			

CGMA Client/Applicant's Certification	
<p>Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds of denial of this request. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.</p> <p>Documentation included with application:</p> <p>I have included a copy of a receipt from the Education Advocate's office dated on or after 1 January 2022.</p> <p>I have included a copy of PCS orders.</p>	
Client/Applicant's Signature _____	Date _____