



# Coast Guard Mutual Assistance

## Application for Stafford/PLUS Loan Origination Fee Reimbursement

**Instructions for completion:** Form to be completed by the CGMA Client. If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (\*). Submit a separate request for each academic term (e.g. Fall Semester, Winter Quarter).

### CGMA CLIENT INFORMATION

1. Name: Last		First	Middle Initial	2. Social Security Number XXX-XX -		3. Employee ID #			
*4. Home Address: Street.			Apt. No	City	State	Zip Code	*5. Home Telephone Number ( ) -		
*6. Home E-mail Address			*7. Year of Birth (YYYY)		*8. Year Joined CG (YYYY)		*9. Year Retired from CG (YYYY)		
*10. Rank/Rate/Grade:		*11. Current Duty Station and OPFAC (if applicable)			*12. Work Telephone Number ( ) - ext.				
*13. 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									
14. Check here if CGMA client is deceased <input type="checkbox"/>		15. Name of Surviving Spouse/legal guardian: Last						First	M.I.

### STUDENT INFORMATION

13. Academic Term: (e.g. Fall Semester 2017)		14. Check loan type(s) for which disbursements were received this academic term: <input type="checkbox"/> Federal Stafford <input type="checkbox"/> Federal PLUS					
15. Name: Last		First	Middle Initial	16. Social Security Number XXX-XX -		17. Employee ID #	
18. Address: Street			Apt. No.	City	State	Zip Code	-
19. Year of Birth (YYYY)	20. Telephone No: ( ) -		21. Student is a: (check one) <input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child				

### CLIENT'S CERTIFICATION

I certify that all information contained herein is true, accurate and complete, and have attached the following documents.

A copy of the "Direct Loan Disclosure Statement" for each loan disbursed for the academic term

An account statement (not an invoice or billing statement) obtained or received from the school at the end of the academic term showing deposits to the student's school account for the term

A copy of the client's valid Coast Guard ID card (both sides, clearly legible)  
(If CGMA client is deceased, provide a copy of spouse's/legal guardian's valid ID.)

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

**Sign and submit the completed form with attachments to CGMA Headquarters via one of the following:**

- ▶ Email the package to CGMA-HQ at [HQS-DG-CGMA@uscg.mil](mailto:HQS-DG-CGMA@uscg.mil) (Preferred)
- ▶ FAX to CGMA-HQ at (703) 875-0344
- ▶ Mail to Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, Arlington, VA 22201