



Coast Guard Mutual Assistance

Application for Education Loan

Instructions for completion: 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	M.I.	2. Rank/Rate/Grade	3. Social Security No. XXX - XX -	4. Employee ID No.
5. Home Address: Street					Apt. No.	City
					State	Zip Code
					6. E-Mail Address	
7. Status: (Indicate prior status if CGMA Member is deceased)						8. Check if Client is deceased
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES <input type="checkbox"/> Auxiliary <input type="checkbox"/> PHS <input type="checkbox"/> Other (Describe)						<input type="checkbox"/>
9. Present Unit: (if applicable)				OPFAC #	10. Telephone No: Work	
					() - ext.	
11. Year of Birth (YYYY)		12. Year Joined CG (YYYY)		13. Year Retired from CG (YYYY)		14. Telephone No: Home
						() -

STUDENT INFORMATION

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		

EDUCATION LOAN ASSISTANCE REQUESTED (may not exceed \$3,000)

22. Type of Assistance Requested	23. Total Amount of Assistance Requested	24. Requested Monthly Repayment Amount
Interest-Free Loan Only	\$	\$

SPENDING PLAN

<input type="checkbox"/> Tuition \$	<input type="checkbox"/> Fees \$	<input type="checkbox"/> Other Expenses \$
<input type="checkbox"/> Transportation Expenses \$	<input type="checkbox"/> Course Materials \$	Explain

OTHER FUNDING SOURCES (Provided specifically to offset the above cost)

<input type="checkbox"/> Scholarship Grants \$	<input type="checkbox"/> Student Loans \$	<input type="checkbox"/> Other Sources \$
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CLIENT'S CERTIFICATION

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

The student's proof of enrollment (e.g. a letter from the Registrar's office)

Documented Cost Estimates (e.g. tuition/fees list, course syllabus listing required course materials, etc.)

When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible)
(If the client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)

CGMA Client's Signature _____ Date _____

Sign and submit the completed form with attachments to the nearest CGMA Representative:

Visit our Web site at www.cgmahq.org or call CGMA-HQ at (800) 881-2462 for CGMA Representative Locations.