

Name of F/A representative:

Signature of F/A representative:

## 1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

**CRANFORD CAMPUS** (908) 709-7000

**ELIZABETH CAMPUS** (908) 965-6000

(908) 412-3599

PLAINFIELD CAMPUS SCOTCH PLAINS CAMPUS (908) 709-7000

## **NEW JERSEY NATIONAL GUARD TUITION WAIVER PROGRAM**



SEMESTER: \_\_\_\_\_

Student Name:	Student ID #:
aid application process. Stude Once complete, have a repre	on County College courses, students are required to complete the financial ents may be required to furnish prior year income tax returns and other information. sentative of our Financial Aid Office fill out the bottom portion of this form. completing an application for each semester they desire to utilize a New Jersey r.
<ul> <li>Students with a New Jersey National Guard Tuition Waiver Form may register at any time.</li> </ul>	
<ul> <li>All required forms must be su financial aid.</li> </ul>	bmitted at the time of registration including verification of application for
the application of all financial maximum of 16 credits. Stude	aid must exhaust all such aid prior to utilizing a National Guard Tuition Waiver. After aid, the National Guard Tuition Waiver will cover the cost of tuition up to a ents are responsible for payment of tuition for credits in excess of 16 and all course these fees is due upon registration. Textbooks and course related supplies are the
Students must provide a Com	manders Certificate of Eligibility from their unit's authorized representative.
Student Signature	DATE

The Financial Aid file for the above mentioned student has been completed for the semester indicated.

Date: \_\_\_\_\_

Campus: \_\_\_\_\_