



# CNG EAAP RECORD CHANGE FORM

Complete this form to notify the California National Guard of changes in your name, address, Social Security number, your school of attendance, veteran's educational benefits, award program change, or to request a Leave of Absence. Read the instructions on next page for completing the form.

## SECTION 1. PARTICIPANT INFORMATION

1. Participant's Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_ Last 4 of SSN\* \_\_\_\_\_

2. Date of birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Telephone number\* (\_\_\_\_)\_\_\_\_-\_\_\_\_ 4. E-mail address\* \_\_\_\_\_

5. Address\* \_\_\_\_\_ City \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\*\* \_\_\_\_\_  
Is this an address change?  Yes  No

To update your name, please print **PREVIOUS name below** and attach a copy of your driver's license, SSN card, or marriage certificate.

6. (Previous Name) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

## SECTION 2. SCHOOL CHANGE (Please read instructions on reverse)

7. I request to change my school of attendance to: \_\_\_\_\_  
School name \_\_\_\_\_ Effective Date \_\_\_\_\_

7a. School change effective: (check appropriate term)  Fall  Winter  Spring  Summer

7b. Residency status: (check one)  On campus (dorm)  Off campus (apartment, etc.)  At home with parents or relatives

## SECTION 3. VETERAN'S EDUCATIONAL BENEFITS UPDATE (Please read instructions on reverse)

Failure to properly report money received for GI Bill benefits or other federal educational benefits for veterans may be grounds for denial to participate in the program and prosecution under the Uniform Code of Military Justice.

8. I am receiving the form of veteran's educational benefits as specified for below:

Ch. 31 – Vocational Rehabilitation & Employment (VR&E) Program  Ch. 1606 – Montgomery GI Bill – Selected Reserve (MG-SR)

Ch. 30 – Montgomery GI Bill – Active Duty (MG-AD): Enlistment of (check one):  3 or more years  Less than 3 years

Ch. 1607 – Reserve Educational Assistance Program (REAP):

Consecutive Service of (check one):  90 days to less than 1 year  1 year to less than 2 years  2 or more years

Federal Tuition Assistance (FTA)  Ch. 32 – Veterans Educational Assistance Program (VEAP): \$\_\_\_\_\_ paid for \_\_\_\_\_ months

Ch. 35 – Dependents' Educational Assistance (DEA)

Ch. 33 – Post 9/11 GI Bill (including under Fry Scholarship): Percentage Received \_\_\_\_\_% Zip code of institution attending: \_\_\_\_\_

All online classes  Yes  No Yellow Ribbon Program  Yes  No

Other \_\_\_\_\_ (Chapter and name)

8a. Do you receive a monthly kicker?  Yes  No Amount received per month \$ \_\_\_\_\_

## SECTION 4. LEAVE OF ABSENCE REQUEST (Please read instructions on reverse)

9. I request a Leave of Absence (LOA) from the CNG EAAP for the following term(s):  Fall  Winter  Spring  Summer

9a. Exact dates (mm/dd/yy) of the requested Leave of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

9b. Briefly state the reason(s) for a leave of absence (please print or type and attach additional pages or documentation, if necessary):

## SECTION 5. PROGRAM CHANGE REQUEST (Please read instructions on reverse)

10. I request to change my current award to: (check one)  EAAP or  Cal Grant

## SECTION 6. PARTICIPANT SIGNATURE (Sign, date, and return this form to request the changes indicated above)

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

By my signature, I certify to the best of my knowledge that the information I have completed above is true and correct.

\*Denotes lines that must be completed. Failure to complete these mandatory fields may result in your form not being accepted.

# Instructions for Completing the CNG EAAP Record Change Form for Participants

## **Section 1 – Participant Information\***

1. Enter your name (current last, first) and the last 4 digits of your Social Security number.
2. Enter your date of birth (month, day, year).
3. Enter your telephone number, including area code.
4. Enter your email address.
5. Enter your street address, city, state and zip code. Check “Yes” if this is a change of address.
6. If you are requesting to update your name, enter your **previous** name and attach a copy of your current driver’s license, social security card, or marriage certificate

## **Section 2 – School Change (All lines must be completed)**

7. If you are requesting to change your school of attendance, enter the school’s name and date the change will become effective. **A change in school may affect your eligibility and the amount of the award. See the Frequently Asked Questions at [www.calguard.ca.gov/education](http://www.calguard.ca.gov/education) for more information.**
- 7a. Check the box of the term you will start attending the new school.
- 7b. Check the box for your residency status at the new school.

## **Section 3 –Veteran’s Educational Benefits Update**

8. Check the appropriate box(es) to denote the form of federal veteran’s education benefits you are receiving.

## **Section 4 – Leave of Absence Request (All lines must be completed)**

9. Check the box(es) for the terms for which you are requesting a Leave of Absence from the CNG EAAP.
- 9a. Enter the exact dates (mm/dd/yy) for which you are requesting a Leave of Absence.
- 9b. Enter the reason(s) for your Leave of Absence request.

## **Section 5 – Program Change Request**

10. Participants who are eligible for both a CNG EAAP and a Cal Grant may receive only one of the awards per academic year. Check the box to indicate your preferred award.

## **Section 6 – Participant Signature**

Your signature certifies that the information you provided is true and correct to the best of your knowledge.

If you have any questions concerning this form, you can reach Ms. Beck by phone at (916) 854-4255 or Ms. Cortez at 916-854-4446 or you can send an e-mail to [ng.ca.caarng.list.cn6-eaap-mailbox-access@mail.mil](mailto:ng.ca.caarng.list.cn6-eaap-mailbox-access@mail.mil).

E-mail the form to [ng.ca.caarng.list.cn6-eaap-mailbox-access@mail.mil](mailto:ng.ca.caarng.list.cn6-eaap-mailbox-access@mail.mil) or send by fax to (916) 854-3259. If sending a fax, send an e-mail to ensure that the form has been received.

If you unable to fax or e-mail the form, send the form by postal mail to:

California National Guard  
Attention: Education Assistance Award Program  
9800 Goethe Road, Box 37  
Sacramento, CA 95826