

**ARMY NATIONAL GUARD
APPLICATION FOR TRAINING**

(The Proponent is NGB-ART-I)

STATE OF _____

1. NAME (Last, First, Middle Initial)				2. UNIT	
3. GRADE RANK	4. SSN	5. BR	6. SEX	7. RACE (See page 2) <input type="checkbox"/> CAU <input type="checkbox"/> AMER IND <input type="checkbox"/> BLACK <input type="checkbox"/> ORIEN <input type="checkbox"/> HISP <input type="checkbox"/> OTHER	
8. PMOS/SSI	9. DMOS	10. DUTY ASSGMT TITLE		11. TOUR <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE	
12. AGE	13. HEIGHT	14. WEIGHT	15. COMMISSIONED SVC	16. DATE OF PERM FR (Pre Gr)	17. STATUS <input type="checkbox"/> MIL <input type="checkbox"/> TECH <input type="checkbox"/> OTHER
18. MILITARY SERVICE (Months) ARNG ACTIVE DUTY OTHER		19. SECURITY CLEARANCE		20. QUAL TEST SCORES	21. MRD (Off) ETS (En)
22. CIVILIAN OCCUPATION		23. CIVILIAN EDUCATION		24. MAILING ADDRESS (home)	
25. COURSE NUMBER		26. COURSE TITLE		27. SCHOOL AND LOCATION	
28. 1ST CHOICE REPORT DATE CLOSE DATE		29. 2ND CHOICE REPORT DATE CLOSE DATE		30. 3RD CHOICE REPORT DATE CLOSE DATE	
31. LATEST REPORTING DATE ACCEPTABLE		32. JUSTIFICATION FOR SCHOOL TRAINING <input type="checkbox"/> MOS QUAL <input type="checkbox"/> PROMOTION <input type="checkbox"/> SPEC TNG <input type="checkbox"/> TECH REQ <input type="checkbox"/> OTHER			

33. INDICATE PREREQUISITE TRAINING/COURSES COMPLETED BY APPLICANT WAIVER ATTACHED

34. REMARKS

35. I AGREE TO REMAIN IN THE ARNG FOR PERIOD SPECIFIED IN NGR 351-1

SIGNATURE AND DATE

36. APPROVED	37. APPROVED	38. APPROVED
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39. ADJUTANT GENERAL, STATE OF _____ DATE _____

TO: CHIEF, NATIONAL GUARD BUREAU, NGB-ART-I, ARNG READINESS CENTER, 111 S. GEORGE MASON DRIVE, ARLINGTON, VA 22204-1382

RECOMMEND APPROVAL _____
SIGNATURE, TYPED NAME, RANK AND TITLE

40. **FOR NATIONAL GUARD BUREAU USE ONLY**

APPROVED - COMPLY WITH SPECIAL INSTRUCTIONS NO.1, _____ NO. 2, _____

APPLICATION RETURNED - CODE _____ (Return code and explanation on page 2.)
OTHER _____

FOR THE CHIEF, NATIONAL GUARD BUREAU:

REPORTING INSTRUCTIONS ATTACHED.

Distribution: Two copies will be forwarded to NGB-ART-I.

PRIVACY ACT STATEMENT

1. Authority: 10 USC 275, Exec Order 9397 SSN.
2. Principal Purpose: The purpose for requiring SSN which is also svc number is to positively identify the individual applying for school training, to determine that course entry prerequisite are satisfied and that the individual is in need of the training to maintain proficiency in his current anticipated assignment.
3. Routine use: Routine uses of the Social Security Account Number are, a: Included on Academic Reports furnished by service schools to indicate whether or not an individual has successfully completed a course of instruction. b. Rosters used for various accountability reasons, c. Fiscal Accounting purposes for those individuals to attend service schools.
4. Mandatory or Voluntary Disclosure and Effect on Individual who has participated in school training is credited properly. Without the SSN it is possible, particularly in the case of name similarities to credit the wrong individual for course completion credit.

INSTRUCTIONS

RACE: This information is requested solely for the purpose of determining compliance with Federal Civil Rights Law and your response will not effect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminating manner.

SPECIAL INSTRUCTIONS:

1. Authority is granted only on condition that the applicant is a member of a Federally recognized unit, and, if an officer or warrant officer, has been extended Federal Recognition on a permanent basis.
2. The above named officer has not been extended Federal Recognition (FR) on a permanent basis. The authority to attend school is granted with the understanding that the individual has been extended temporary FR, and if, for any reason, permanent FR is denied, the individual will be returned to home station.

STANDARD INSTRUCTION (All Applicants):

1. Inability of individual to attend school will be reported to NGB-ART-I.
2. Families should not accompany students who are attending courses of less than twenty (20) weeks. Families may accompany students who are attending courses which are twenty (20) weeks or more in duration. However, accommodation for families are not available at all schools.

RETURNED APPLICATIONS CODE:

1. Class date(s) requested have been filled.
2. No quotas available for the requested course for the remainder of the FY.
3. Application returned per state request.
4. Application does not meet prerequisites for requested course.
 - a. Qualification test score.
 - b. Grade
 - c. Does not meet pre-entry training requirements/MOS.
 - d. Other