

**UNCLASS // FOR OFFICIAL USE ONLY**

**MARINE CORPS TUITION ASSISTANCE PROGRAM CHECKLIST**

District:	
OSO Name:	
Applicant Name:	
Last 4 SSN:	

Purpose: To ensure appropriate documents meet requirements and regulations to administer the Marine Corps Tuition Assistance Program.

- Endorsement Letter: Provided by the Officer Selection Officer. Ensures that all documents have been reviewed prior to submission of request.
  
- Verify Direct Deposit: Validate the applicant's direct deposit information. Include a copy of the verification (i.e. Direct Deposit Form, D937 screen, MyPay) with the submission.
  
- Cumulative and Term GPA: Candidate must meet minimum Cumulative and Term GPA requirements of 2.00 per MCO 1560.33
  
- Signed Marine Corps Tuition Assistance Program Agreement: Candidate understands that upon the acceptance of tuition assistance, they will incur an eight year service obligation. At least five years of the eight year service obligation will be served in an active component. Should a candidate who received any tuition assistance voluntarily disenroll from the program or be dropped through failure to maintain program eligibility prior to commissioning, such candidate is required to reimburse the U.S. Government for all monies received.
  
- Marine Corps Tuition Assistance Program Expense Certification Sheet: A copy of all payment receipts for qualifying expenses for the current semester/quarter will accompany the Expense Certification Sheet.
  
- Proof of Previous Semester: Official Transcripts indicating the candidate's Cumulative and Term GPA is a 2.00 or higher.
  
- Proof of Semester in Progress/Proof of Full-Time Enrollment: Candidate must be a full-time undergraduate student enrolled in a regionally or nationally accredited college or university where they are pursuing a baccalaureate degree. An Academic Certification Form from the college or university will define what is considered full-time.

\_\_\_\_\_  
OSO Name (Print)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

TUITION ASSISTANCE AGREEMENT PLATOON LEADER'S CLASS PROGRAM (2-00)

1. In connection with my current status as a member of the Platoon Leader's Class (PLC) Program of the U.S. Marine Corps Reserve and in conjunction with my current service agreement or any other service agreement subsequently entered, I hereby acknowledge:

a. That this constitutes my request to be considered competitively for receipt of tuition assistance in the form of two payments per academic year or one payment for the entire academic year from the Marine Corps, as authorized by Title 10, Section 16401 U.S. Code.

b. That such tuition assistance if or when approved by the Commanding General, Marine Corps Recruiting Command (OR), will be paid upon confirmation of incurred reimbursable expenses. Payments may be made for a maximum of three consecutive years while I am in a college or university authorized to grant a baccalaureate, juris doctor, or a bachelor of law degree.

c. That approval of my request to receive tuition assistance and my continuance therein will be subject to the following provisions:

(1) My continued satisfactory performance and progress in the Platoon Leader's Class Program in which I am now enrolled and strict adherence with the provisions thereof.

(2) Initial application for tuition assistance and recertification for each additional semester/quarter. Continued participation is subject to review and approval by the Commanding General, Marine Corps Recruiting Command (OR).

d. That in consideration of an by reason of accepting tuition assistance I will incur the following extended active duty obligation to which I consent:

(1) If commissioned, that my first assignment to active duty will be to The Basic School (TBS).

(2) If commissioned, to serve on extended active duty for the minimum period stated in the service agreement in effect at the time of my commissioning or 60 months, whichever is longer.

e. The obligation described in paragraph 1d(2) above, is in addition to any other obligation that may be incurred while I am on active duty and will not serve to decrease any other legal obligations.

2. Disenrollment from the Platoon Leader's Class Program. I understand that upon receipt of any funds through the tuition assistance program I incur an extended active duty obligation. I further understand that upon subsequent disenrollment from the Platoon Leader's Class Program for any reason, I may be ordered to active duty as an enlisted Marine (excluding PLC lawyers) for not more than four years. PLC lawyers agree to serve on extended active duty, as commissioned officers, for a period of 60 months.

3. Waiver of enlisted service.

a. The Secretary of the Navy may waive the enlisted service of any member who is not physically qualified (NPQ) for appointment and is also determined

to be NPQ for enlisted service due to a physical or mental condition that was not the result of misconduct or grossly negligent conduct.

b. I understand and agree that if I fail to complete my active duty obligation under this contract, as a result of action not initiated by the government, I shall reimburse the government for part or all tuition assistance that I received from the government through this program.

c. I understand that this requirement for reimbursement, set forth above, may be waived by the Secretary of the Navy, when it is determined that such waiver is in the best interest of the government.

4. I have read and completely understand the meaning and content of the above. No promises, either written or oral, have been made to me in connection with my application for tuition assistance except as specified above. I acknowledge receipt of a copy of this document.

\_\_\_\_\_  
Typed Name of Candidate

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Full Name of Certifying Officer

\_\_\_\_\_  
Certifying Officer Signature

OST: \_\_\_\_\_ MCD: \_\_\_\_\_

TUITION ASSISTANCE INITIAL APPLICATION SHEET

1. \_\_\_\_\_  
Last Name, First Name, MI
2. \_\_\_\_\_  
Social Security Number      Date of Birth      Age at Commissioning
3. For academic year beginning on: \_\_\_\_\_  
YYYY/MM/DD (exact date)
4. I am attending: \_\_\_\_\_ as a:  
(College or University)  
Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_
5. My projected graduation date is: \_\_\_\_\_  
YYYY/MM/DD
6. My anticipated date of commissioning is: \_\_\_\_\_  
YYYY/MM/DD
7. My cumulative grade point average is: \_\_\_\_\_
8. My GPA for my last semester/quarter was a \_\_\_\_\_ completed on \_\_\_\_\_.  
YYYY/MM/DD
9. I am taking a course load of \_\_\_\_\_ credit hours for this current semester/quarter.
10. I am/am not currently on academic, disciplinary, moral or social probation. (Circle one)
11. I am requesting a reimbursement of \_\_\_\_\_ for expenses incurred, attached are paid receipts.
12. I have successfully completed the PLC Junior or Combined Course on:  
\_\_\_\_\_  
YYYY/MM/DD

\_\_\_\_\_  
Typed Name of Candidate

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Full Name of Certifying Officer

\_\_\_\_\_  
Certifying Officer Signature

MCTAP EXPENSE CERTIFICATION SHEET

1. \_\_\_\_\_  
Last Name, First Name, MI, SSN

2. This form will be used to certify the amount of reimbursable expenses, for the purpose of reimbursement through the MCTAP, incurred by the above named student or his/her family. For the purposes of the MCTAP, reimbursable expenses are defined as actual out of pocket expenses for:

- Tuition and fees (expenses for room and board are not considered fees);
- Books; and/or
- Laboratory fees (applicable to undergraduate students only)

An individual will not be reimbursed for an expense item if that item was (or will be) paid via scholarship, grant, or any other method of educational assistance from sources other than family members. Such an expense item does not qualify as an out of pocket expense and reimbursement in that case, for the purposes of the MCTAP, will result in an impermissible duplication of educational assistance payments.

3. Amount of qualifying expenses for:

- Tuition and fees \_\_\_\_\_
- Books \_\_\_\_\_
- Laboratory fees \_\_\_\_\_
- Total Expenses \_\_\_\_\_

(Attach all receipts for qualifying expenses.)

4. There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim.

5. Certifying Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please  
Affix  
Seal

OST: \_\_\_\_\_ MCD: \_\_\_\_\_

TUITION ASSISTANCE RE-CERTIFICATION SHEET

1. \_\_\_\_\_  
Last Name, First Name, MI
2. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Social Security Number      Date of Birth      Age at Commissioning
3. I am attending: \_\_\_\_\_  
(College or University)
4. My projected graduation date is: \_\_\_\_\_  
YYYY/MM/DD
5. My date of commissioning is: \_\_\_\_\_  
YYYY/MM/DD
6. My cumulative grade point average is: \_\_\_\_\_
7. My GPA for my last semester/quarter was a \_\_\_\_\_ completed on \_\_\_\_\_.  
YYYY/MM/DD
8. I am taking a course load of \_\_\_\_\_ credit hours for this current semester/quarter.
9. I \_\_\_\_\_ currently on academic, disciplinary, moral or social probation.
10. I am requesting continued enrollment in the MCTAP, and reimbursement of \_\_\_\_\_ for expenses incurred, attached are paid receipts.

\_\_\_\_\_  
Typed Name of Candidate      Signature of Candidate      Date

\_\_\_\_\_  
Typed Full Name of Certifying Officer      Certifying Officer Signature