



UNITED STATES MARINE CORPS
MARINE CORPS RECRUITING COMMAND
3280 RUSSELL ROAD
QUANTICO, VA 22134-5103

MCRCO 7220.1A
G-3
25 MAR 2016

MARINE CORPS RECRUITING COMMAND ORDER 7220.1A

From: Commanding General
To: Distribution List

Subj: PLATOON LEADERS CLASS FINANCIAL ASSISTANCE PROGRAM

Ref: (a) 10 U.S.C. 2107

Encl: (1) Financial Assistance Agreement, Platoon Leaders Class
(2) Financial Assistance Program Application Sheet
(3) Direct Deposit Sign-Up Form (Standard Form 1199A)

1. Situation. To provide requirements and regulations to administer the Financial Assistance Program (FAP) pursuant to reference (a).

2. Mission. To provide eligible Platoon Leaders Class (PLC) applicants financial assistance.

3. Execution.

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To provide the officer recruiting force a recruiting incentive in the form of a semi-annual (paid once per semester) subsistence allowance to eligible candidates of the PLC in accordance with reference (a).

(2) Concept of Operations. Prospective candidates will apply to FAP via their respective Officer Selection Officer (OSO). Administrative control will be maintained by Marine Corps Recruiting Command (MCRC) Officer Appointments (OA) and correspondence to candidates will be made via the appropriate chain of command. Candidates may continue to receive funds so long as the individual is in compliance with this order.

(a) Eligible candidates may receive up to \$1,575 in FAP per semester for two semesters in the academic year (total FAP payments not to exceed \$3,150.00 per academic year). An academic year is defined as 1 August through 30 June. A summer semester is not creditable for FAP purposes. FAP is payable for every undergraduate academic year for up to three years. Candidate's that accept financial assistance, regardless of the amount, accrues additional six (6) months active duty obligation.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

(b) The period 1 August through 15 December is considered the first semester. The period 1 January through 15 May is considered the second semester.

(c) FAP payments will be prorated based on actual commencement and termination dates. If a candidate becomes ineligible to remain in the PLC program at any time, they will lose their FAP eligibility and will be required to reimburse the government for the unearned portion of FAP.

(3) Eligibility. Applicants for enrollment in FAP under the provisions of this order must meet the requirements.

(a) General Qualifications

1. Must be an enrolled candidate of the PLC Program and have successfully completed one increment of training at Officer Candidate School (OCS).

2. Must be physically qualified for retention in the PLC Program and, in all other respects, qualified for commissioning.

3. Must possess current direct deposit bank information in the Marine Corps Total Force System (MCTFS) in order to receive FAP via direct deposit. Enrollment in direct deposit will be achieved by using MYPAY (<https://mypay.dfas.mil/mypay.aspx>). The Defense Financial Accounting System (DFAS) generates FAP payments electronically.

4. Selected Marine Corps Reserve (SMCR) Marines participating in the PLC Program are ineligible if they are Activated Reservists or when they are ordered to Active Duty for Operational Support.

(b) Academic Qualifications

1. Must be a full-time undergraduate student enrolled at a regionally or nationally accredited college. The Academic Certification Form and official college transcripts will be utilized to determine qualifications for enrollment.

2. Must have a semester grade point average (GPA) of 2.00 on a 4.00 scale (1.00 on a 3.00 scale). GPA will not be rounded up or down to obtain the minimum GPA requirement.

3. Candidates are ineligible to apply if they have attained less than a 2.00 GPA in the semester prior to application.

4. Candidates on academic or disciplinary probation are ineligible to apply. This includes probation through the school and/or OSO.

b. Subordinate Element Missions/Tasks

(1) Assistant Chief of Staff G-3

(a) Responsible for the administration of FAP and final approval authority on all applications. MCRC (OA) will:

1. Notify commanding officers (COs), Marine Corps Recruiting-Districts (MCD) via separate correspondence of additional administrative requirements. MCRC (OA) has a limited number of funded allocations for a fiscal year. Applications will be processed as received until funded allocations are filled. FAP applications will not be accepted by MCRC (OA) after 15 February for that academic school year, unless specifically authorized by MCRC.

2. Prepare the unit diary entries for qualified and approved FAP requests. Each pay entry will commence on the qualified academic semester/year and end upon termination of participation in the program, completion of the academic year, graduation from college, or upon date of commissioning. The total payments for an academic year will not exceed \$3,150, nor exceed a total of \$9,450 for the allowed three years.

3. Ensure payment information is recorded in the Marine Corps Recruiting Information Support System (MCRISS) under the FAP tab of the candidate's individual record. Notification of disapproval will occur via separate correspondence.

c. Marine Corps District (MCD)

(1) Screen FAP requests and determine eligibility criteria. Applications will be forwarded with an endorsement from the OSO and MCD to MCRC (OA).

(2) Notify MCRC (OA) via written correspondence of the exact date and reason for any member who disenrolls, graduates, receives academic or disciplinary probation, commissions, voluntarily separates, or becomes otherwise ineligible prior to the normal end of the academic year. A member enrolled in FAP who then becomes ineligible for continued payments will not be reinstated in the program during the remainder of that school year.

(3) Establish record-keeping procedures for accurate documentation on all approved and disapproved applications.

d. Recruiting Stations. OSOs will have each candidate counseled on all aspects of the program and execute the Financial Assistance Agreement in enclosure (1), emphasizing the following:

(1) Once eligibility criteria are met, as outlined above, the candidate may apply for FAP until a date determined by the respective MCD; the date determined by the MCD must ensure MCRC (OA) receives the request by 15 February of the academic school year. FAP is not automatic and must be reapplied for semi-annually. FAP is subject to review and approval.

(2) If a FAP recipient fails to fulfill their active duty service obligation, these individuals will be required to reimburse the U.S. Government for all monies received.

4. Administration and Logistics.

a. Application Procedures. Candidates will be enrolled in the FAP through the OSO.

(1) Applications from candidates while undergoing training.

(a) Upon the completion of the first increment of training, applicants are eligible to apply for financial assistance utilizing enclosures (2) and (3). Qualified candidates may apply for FAP through their respective OSO.

(b) OSOs will forward FAP requests to MCRC (OA) through their respective MCD. Once MCRC (OA) approves or disapproves FAP, the OSO will notify the candidate.

(c) A valid direct deposit account is required prior to requesting a payment under FAP. Candidates that request FAP will receive payment via direct deposit. OSOs are required to verify that the candidate has a valid direct deposit account via MyPay or MCTFS.

b. Financial Assistance Agreement. Each candidate will be thoroughly counseled on obligations incurred through acceptance of financial assistance utilizing enclosure (1) emphasizing the following:

(1) Candidates who voluntarily disenroll or drop from the program, prior to commissioning, will be required to reimburse the U.S. Government for all monies received. Reimbursement will be made through check or money orders payable to: Treasurer of the United States, and sent to MCRC (OA) via the OSO to initiate the repayment process. Such reimbursements should be clearly identified and include the academic year(s) or portion thereof represented by the repayment.

(2) Candidates who volunteer to serve at least two (2) years on active duty will not be required to reimburse the U.S. Government. When candidates enlist in lieu of reimbursement of FAP payments, the member will forward written correspondence, enlistment contract, and enlistment orders to MCRC (OA) via the OSO to stop the claims collection process. If the candidate fails to complete the two years of enlisted service through their own negligence, these individuals will be required to reimburse the government a prorated portion of money received.

(3) Candidates found Not Physically Qualified (NPQ) to serve as a commissioned officer by Navy Bureau of Medicine and Surgery (BUMED) are not required to reimburse the government for monies received through FAP. Candidates incurring a non-training injury must submit consultations to BUMED for final determination. If found NPQ by BUMED for retention in an officer program leading to a commission, the MCD will notify MCRC (OA) to generate the stop collection procedures. No waivers for reimbursement of FAP will be authorized if a candidate is found medically qualified to accept a commission by BUMED.

This includes applicants who are found NPQ for one program but are physically qualified for another, i.e. NPQ for aviation but physically qualified for ground.

(4) Disenrolled candidates may request to obtain a waiver from the requirement for reimbursement. All requests must be forwarded in writing, with appropriate endorsements, to the Respective MCD Personnel Office via the OSOs chain of command.

(5) Enrollment in the financial assistance program must be renewed every semester and is subject to review and approval by MCRC (OA).

(6) PLC candidates that component change to Officer Candidate Course Reserve (OCC-R) will be required to reimburse the government.

(7) MCRC (OA) is responsible for the administration of the FAP and will act as final approval on all applications.

(8) Commanders will be notified via separate correspondence of the number of funded allocations for the FAP for each fiscal year. There will be no quotas assigned to districts. Applications will be processed as received until the funded allocations are filled. No applications will be processed after 15 February for that academic year, unless specifically authorized by the MCRC (OA).

(9) Notification of disapproved FAP requests will be provided by the disapproving authority via the Region, MCD, and OSO.

(10) FAP payments will be generated by MCRC (OA) via Unit Diary Manpower Integrated Personnel System (UD/MIPS). FAP requests will only be paid once a candidate starts the academic year and will end upon termination of the academic year graduation from college, or date of commissioning.

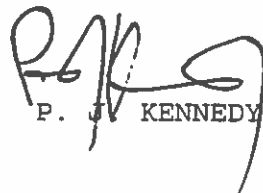
(11) A copy of the Financial Assistance Agreement will be forwarded by MCRC (OA) to the candidates Official Military Personnel File (OMPF).

5. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Cancellation. This Order cancels MCRCO 7220.1.

c. Signal. This Order is effective the date signed.


P. J. KENNEDY

FINANCIAL ASSISTANCE AGREEMENT
PLATOON LEADERS CLASS (Rev. 4-2016)

1. In connection with my current status as a candidate of the Platoon Leaders Class Program of the U.S. Marine Corps Reserve and in conjunction with my current service agreement or any service agreement subsequently entered, I hereby acknowledge:

a. That this constitutes my request to be considered competitively for receipt of financial assistance in the form of a semi-annual subsistence allowance payment from the Marine Corps, as authorized by Title 10, United States Code, section 2107.

b. That such financial assistance if or when approved by the CG, MCRC will commence at a time designated by the Marine Corps and may be paid for a maximum of two (2) payments per academic year (total \$3,150.00) for a maximum of three (3) years while I am a college undergraduate status seeking a baccalaureate degree.

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

(1) My continued satisfactory performance and progress in the Platoon Leaders Class in which I am now enrolled and in strict accordance with the provisions thereof.

(2) Renewal of financial assistance to be annually subject to review and approval by the CG MCRC.

d. That in consideration of and by reason of accepting financial assistance I 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.

(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 plus six (6) months regardless of the amount of money accepted or the number of academic years taken.

e. That the obligation described in paragraph 1.d. above, is in addition to any other obligation that may be incurred while on active duty and will not serve to decrease any other legal obligation.

LAST NAME

FIRST NAME

FULL SSN

2. Right to Disenroll from the Platoon Leaders Class Program. I understand that if I have received monies through the Financial Assistance Program and subsequently disenroll from the Platoon Leaders Class Program I in no way incur an active duty obligation with the United States Marine Corps.

3. Reimbursement to the Government

a. I understand and agree that if I am disenrolled from the Platoon Leaders Class Program prior to commissioning, I will be required to reimburse the Government for all subsistence allowance that I received through the program accruing prior to the effective date of my disenrollment. I will not, however, be required to reimburse the Government where disenrollment is due to:

(1) A determination by the MCRC (OA) that I am "not physically qualified" where such physical status is not the result of an act or condition voluntarily induced or inflicted upon myself; or

(2) Any other action initiated by the Marine Corps and which is not based upon misconduct, inaptitude or defective attitudes (i.e. belligerent, combative, etc.) on my part.

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 all subsistence allowance which I receive from the Government through this program.

c. I understand that this requirement for reimbursement, set forth above, may be waived by MCRC (OA), when it is determined that such waiver is in the best interest of the Government.

4. Enlistment in the United States Marine Corps

a. I understand that if I am disenrolled from the Platoon Leaders Class Program and meet all requirements for enlistment, I may voluntarily enlist in the United States Marine Corps and serve on active duty for a period of 2 or more years.

b. I understand that if I voluntarily enlist in the Marine Corps, the requirement to repay all monies received under the Financial Assistance Program will be voided.

c. I understand that if I fail to complete this two year enlistment through my own negligence, I will be required to reimburse the government a prorated portion of money received through the FAP.

LAST NAME

FIRST NAME

FULL SSN

5. 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 financial assistance except as specified above. I acknowledge receipt of a copy of this document.

Signature of Candidate

Signature of Witnessing Officer

Typed Name of Candidate

Typed Name, Grade, of Witness

LAST NAME

FIRST NAME

FULL SSN

FINANCIAL ASSISTANCE PROGRAM APPLICATION SHEET

1. FULL NAME: _____
2. FULL SOCIAL SECURITY NUMBER: - - - - -
3. ADDRESS (Street, City, State, Zip): _____
4. FOR ACADEMIC YEAR _____ BEGINNING _____ ENDING _____
5. I AM ATTENDING: _____ AS A: SOPHOMORE _____
(Name of Institution) JUNIOR _____
SENIOR _____
6. MY EXPECTED GRADUATION DATE IS: _____
(Month/Year)
7. MY CUMULATIVE GRADE POINT AVERAGE IS: _____
8. MY GRADE POINT AVERAGE FOR THE LAST SEMESTER/TERM WAS: _____
(A copy of my official transcripts are attached)
9. I AM/AM NOT CURRENTLY ON ACADEMIC, DISCIPLINARY OR SOCIAL PROBATION. IF CURRENTLY ON PROBATION, ATTACH A STATEMENT OUTLINING CIRCUMSTANCES.
10. I HAVE SUCCESSFULLY COMPLETED:
JUNIOR COURSE: Year _____ Increment (1st or 2nd) _____
SENIOR COURSE: Year _____ Increment (1st or 2nd) _____
COMBINED COURSE: Year _____

By signing below, I certify that I meet the eligibility requirements for the FAP program in accordance with MCRCO 7220.1A. I understand that I am eligible to receive a \$1,575 FAP stipend per semester not to exceed a total of \$9,450 over a period of 3 academic years leading to an undergraduate degree.

(Signature of Witnessing Officer)

(Signature of Candidate)

(Typed Name, Grade of Witness)

(Date)

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS														
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER														
CITY	STATE	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> <td style="width:20px; height: 20px;"> </td> </tr> </table>														
TELEPHONE NUMBER	AREA CODE	F TYPE OF PAYMENT (Check only one)														
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Social Security</td> <td style="width:50%; border: none;"><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Supplemental Security Income</td> <td style="border: none;"><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Railroad Retirement</td> <td style="border: none;"><input type="checkbox"/> Mil. Retire. _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Civil Service Retirement (OPM)</td> <td style="border: none;"><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> VA Compensation or Pension</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> </table> <p style="text-align: right; margin-right: 50px;">(specify)</p>		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____			
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<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____															
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)														
Prefix	Suffix	TYPE	AMOUNT													
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)														
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.														
SIGNATURE	DATE	SIGNATURE	DATE													
SIGNATURE	DATE	SIGNATURE	DATE													

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT											
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DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION													
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.													
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE										

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.