		Control Num	ol Number:							
MAJO	R GENERAL DAVI	D F. WHER	LEY, JR DCNG RET	ENTION	N & COLLE	GE ACCESS PR	OGRAM	: APPLI	CATION	
NAME (LAST, FIRST, MI)			GRADE La		SSN	DUTY STATUS	DAT	ATE OF SEPERATION (ETS/MRD)		
ADDRESS (STREET, CITY, & STATE)		E-MAIL ADDRESS (PREFFERED		PHONE NUMBER		ASSIGNED UNIT		COMMANDER'S E-MAIL		
ADDRESS (STREET, CITT, & STATE)										
						DI ADDRECC DECISTRAD		DAD DUO	NE NUMBER / E NAA	
DEGREE TYPE	DEGREE TITLE		NAME OF SCHOOL	JOL SCHO		OL ADDRESS REG		KAK PHOI	NE NUMBER/ E-MAI	.IL
	COLUDED NUMBER	D 0 NAME		CDEDITURG		START DATE		END DATE		
	COURSE NUMBE	R & NAME		CREDIT HRS		SIANI DATE		ENDUATE		
COST PER CREDIT HOUR		FEES	TOTAL COST	Federal TA/GI Bill		OTHER THIF		IER THIRD	PARTY FUNDING	
DCTA: AMOUNT REQUESTED			REMARKS (EDUCATION TEAM)							
		DC Resi	dent:							
	this form without a pplicant to receiving		Order from the Educ	ation O	ffice does n	ot constitute a c	omplete	e applica	tion, and does NC	OT
 Universities 	that are not registe	ered with t	he DC Government			funding.				
	ts are subject to ap TURE OF APPLICANT	proval, as	they must meet all o	SIGNATURE OF COMMAND			IDEB		DATE	
SIGNATURE OF AFFLICANT			DATE		- SIGNATORE OF		IDLIN		DATE	
		THIS	SECTION IS TO BE COM	IPLETED	BY DCNG EDI	UCATION TEAM				
SIGNATURE OF DCNG EDUCATION		OFFICER DATE		REMARKS						
SIGNATURE OF CHIEF FINANCIAL C		FFICER	DATE		REMARKS					