Texas Military Department
STATE TUITION ASSISTANCE
STATEMENT OF UNDERSTANDING
FALL 2025

Applicants must read and initial each statement below in order to receive State Tuition Assistance. If clarification is needed on any of the following statements, contact the State TA Office at ng.tx.txarng.mbx.trp@army.mil.

BY INITIALING BELOW, I ACKNOWLEDGE AND UNDERSTAND EACH OF THE FOLLOWING:

State Tuition Assistance (STA) is intended for those who NEED financial assistance and would otherwise have to pay for tuition and mandatory fees out-of-pocket. If tuition and fees are already covered by other aid, there will be no need for me to receive STA.

STA is based on funding availability; if eligible I may may receive up to 12 hrs in tuition and mandatory fees per fall and spring semester(s), for up to 10 semesters.

Tuition and mandatory fees are eligible expenses; I am responsible for non-mandatory fee charges.

There is NO guarantee that STA will cover 100% of my tuition and fee charges.

State TA is only eligible at a Texas (not-for-profit) college or university with headquarters in Texas.

If I fail or drop a class I am financially responsible for tuition and mandatory fee charges. Exception to Policies can be requested if withdrawals or dropped classes are due to State or Federal Deployment.

I will notify STA staff immediately if I fail, withdraw or drop a course.

My STA award may be forfeited if I fail to submit required documents by the program's published deadlines. The Online Application, Statement of Understanding (SOU), and Authorization Release Form (third-party release) for this program must be filled out and submitted to complete the application process.

I can be disqualified from receiving STA if I fail to maintain satisfactory participation with my unit or have other unsatisfactory legal issues as determined by my unit or component leadership.

I am an actively drilling member of the 1)Texas Army National Guard, 2) Texas Air National Guard, or 3) Texas State Guard.

Prior to the beginning of the semester, I have completed Basic Training, RBOT, Basic Camp, Military Science 1 or the equivalent training for initial entry into my component.

I hold a rank equivalent to a pay grade falling within one of these ranges: E1-E9, W1-W3, or O1-O5.

If I separate from military service or enter into an inactive status before the end of the semester, I will forfeit my STA award.

I am required to maintain at least a 2.0 cumulative GPA in order to remain eligible for STA.

If approved for STA sponsorship, the payment will be sent directly to my school and applied to my student account. STA does not allow payment to be sent directly to the student.

I understand that during periods of limited funding, STA reserves the right to prioritize funding outlined in TMD regulations.

I agree to send an official transcript to STA at the end of each semester to declare my passing grades as verified proof of my eligibility. I will comply with all applicable state laws and regulations of the State Tuition Assistance Program.

I acknowledge that as a recipient of the STA benefit, I represent the program and the military to my school and their staff, and will adhere to a code of conduct and respect consist with my training as a Soldier or Airman.

I solemnly declare, under penalty of perjury, pursuant to the laws of the State of Texas, that all statements contained in this document are acknowledged as true by initialing and signing, and all accompanying application documents are truthful and accurate. I acknowledge that all declarations in this application are subject to verification and investigation. Any false, misleading, or fraudulent response to ANY question may result in the denial of STA and permanent disqualification from the program, as well as criminal penalties under the Texas Code of Military Justice. I hereby undertake to provide documentation corroborating all information submitted in this application, if so required.

I agree to the above conditions of this SOU for the use of State TA as verified by my signature below.

(Last Name)   *(First Name)*   *(Last #4 SSN)*

(Required Signature)   *(Date)*