

# GLWACH REENLISTMENT EDUCATION INCENTIVE PROGRAM AGREEMENT

## PRIVACY ACT STATEMENT

AUTHORITY: TITLE 44, USC 3101. PURPOSE: To verify a soldier's participation in the GLWACH reenlistment education incentive program. Consequences of failing to provide the requested information: Disclosure of SSN is voluntary and will not affect the soldiers participation in this program.

1. I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(NAME) (GRADE) (SSN) (UNIT)  
having reenlisted on this date \_\_\_\_\_ for,

\_\_\_\_\_ Table E-2, AR 601-280, Current Station Stabilization Reenlistment Option,

\_\_\_\_\_ Table E-1, AR 601-280, Regular Army Reenlistment Option (as an exception)

elect to participate in the GLWACH education incentive program. I have been counseled by a representative of the Ft Leonard Wood Education Center concerning my educational and financial requirements and have selected the following:

- \_\_\_ a. Vocational/technical program
- \_\_\_ b. Undergraduate/Post graduate studies
- \_\_\_ c. Other

2. I plan to enroll in the following courses:

(CLASS)

(DATES/TIMES/LOCATION)

_____	_____
_____	_____
_____	_____

3. Education Counselor's verification:

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

4. Soldiers Statement of Understanding:

I have read the terms and conditions of the GLWACH Education Incentive Program and understand that funding for my education is an individual responsibility that is neither guaranteed by, nor is a contractual obligation of my reenlistment. Although tuition assistance is provided by the Ft Leonard Wood Education Center, its availability may be limited. If the budget is expended prior to my submission for tuition assistance, I will have to use alternate means to fund my education. I understand that I must obtain satisfactory academic progress and attendance throughout the education period. Failure to do so will void my education program participation.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(con't)

5. Unit Commander's Authorization:

\_\_\_\_\_ participation in this program will cover the period  
(NAME)  
\_\_\_\_\_ through \_\_\_\_\_ (through date should not be later than one year  
from the date of reenlistment).

GEORGE J. ZECKLER  
CPT, MS  
Commanding