

## ANNEX B STATEMENT OF AGREEMENT

STATEMENT OF AGREEMENT (SOA)  
STUDENT SCHOOL LOAN REPAYMENT

## GUIDELINES

**1. AUTHORITY**

State Operations Policy 26-01

**2. PRIVACY ACT INFORMATION**

State Tuition Assistance (STA) forms may include information protected under the Privacy Act 1974. To review and approve STA requests, I authorize STA administrators to forward applicable STA applications and associated forms to my non-military email address.

**3. AUTHORIZED RATES**

The State of Utah, through the UTNG, may pay up to \$7000 for student loan repayment based on the following requirements:

- a. I agree to submit ALL of my post-secondary degrees with my application.
- b. I agree to a commitment of two years to the Utah National Guard eligible for recoupment if the commitment is not fulfilled.
- c. Reimbursements will be paid directly to the loan agency.

**4. ELIGIBILITY**

- a. \_\_\_\_\_ I am a Utah National Guard service member in good standing (satisfactory participant) in my unit.
- b. \_\_\_\_\_ The loan repayment is for my FIRST degree at Associate, Bachelor's, Master's or Doctorate level.
- c. \_\_\_\_\_ I am NOT applying for the State Tuition Assistance (STA) Program. Members must choose either STA or SSLR each fiscal year.

**5. OBLIGATION**

I understand that by receiving SSLR, I incur the following obligation. Failure to complete this obligation may result in the recoupment of all or a portion of my SSLR.

- a. \_\_\_\_\_ I intend to stay in the Utah National Guard for two years beyond my submission date for the loan repayment.

b. \_\_\_\_\_ If I separate voluntarily or am discharged "for cause" I will be recouped the amount of loan repayment may be recouped by the State of Utah.

## 6. DIPLOMAS

a. I agree to submit a copy of all of my post-secondary diplomas with the submission paperwork.

## 7. DUPLICATION OF BENEFITS

a. Student School Loan Repayment (SSLR) is authorized in combination with all Federal Loan Repayment Plans.

## 8. PERIOD OF AGREEMENT

This SOA will remain in effect for the entire State Fiscal Year in which it is signed. A new SOA must be signed each FY the soldier/airman receives SSLR.

## MEMBER ACKNOWLEDGEMENT AND AGREEMENT

I agree to all the above conditions.

\_\_\_\_\_  
Name (Last, First, MI)      Rank/Grade      Unit      Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

---

**COMMANDER APPROVAL \*\*\*REQUIRED\*\*\***

I certify the member is in good standing (satisfactory participant) in the UTNG.

---

Commander/Authorized Designee Name  
Signature

---

Commander/Authorized