



**OFFICE OF THE UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301- 4000

**SAMPLE**

**PERSONNEL AND  
READINESS**

UNIVERSITY OF GEORGIA  
University of Georgia - Main Campus  
Address Not Provided

Attention: Finance Office

The attached authorization approves XXXXX to receive financial assistance from the Department of Defense for the costs specified in the table below.

For assistance, questions or concerns, please contact the MyCAA School Liaison at [MyCAASchools@militaryonesource.mil](mailto:MyCAASchools@militaryonesource.mil).

Principal Director  
(Military Community and Family Policy)

Enclosures:  
As stated



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# SAMPLE

PERSONNEL AND  
 READINESS

<b>1. NAME (Last, First, Middle Initial)</b> Student's Name		<b>2. MyCAA ID #</b> 12345	<b>3. FA DOCUMENT #</b> 12345
<b>4. ADDRESS (Include ZIP Code)</b> Student's Address		<b>5. TELEPHONE NO. (Include area code)</b> xxx-xxx-xxxx	
<b>7. EMAIL ADDRESS:</b> Student's Email		<b>6a School/Institution</b> UNIVERSITY OF GEORGIA	
		<b>6b SCHOOL STUDENT ID #</b> Student's Name	
<b>COURSE CODE &amp; TITLE</b>		<b>Dates (MMDDYYYY)</b>	<b>GOVERNMENT COST</b>
87987 - CBCS Medical Billing and Coding		05/15/2017 -05/15/2018	\$2,195.00
<b>8. SPOUSE COST:</b> \$0.00	<b>9. GOVERNMENT COST:</b> \$2,195.00	<b>10. TOTAL COST:</b> \$2,195.00	
<b>CONDITIONS AND CERTIFICATIONS</b>			
<p>I understand the program will pay my tuition up to \$4,000 for a program of study, licensure and/or credential as outlined on the Fact Sheet. I agree to pay any amount above \$4,000 and any costs not covered by this scholarship. I confirm I have provided correct school and course information in my Education and Training Plan and FA request and I understand that this information will be used to validate school invoices for payment purposes. I confirm that I am not using other sources of federal education funding to pay for courses listed on this FA request. I agree no changes will be made to the course(s) listed above or to the dollar amounts without the approval of my school AND a SECO Career Counselor. I confirm that I have not requested to have this course paid in the past. A course cannot be retaken unless the course has been 100 percent refunded. I understand accounts are subject to availability of funding and funding for my entire Education and Training Plan is not guaranteed. I authorize my school to provide my grades or evidence of course completion within 60 days of course completion. I understand that my Account will be suspended or closed if these requirements are not met.</p>			
<b>11a SPOUSE SIGNATURE</b>  ** // DIGITALLY SIGNED BY Student // **		<b>b. DATE (MMDDYYYY)</b>  00/00/0000	

AUTHORITY: Public Law 110-417