MONTGOMERY GI BILL ACT OF 1984 (MGIB) GENERAL INSTRUCTIONS

PURPOSE: The DD Form 2366 provides an official record of each Service Member's decision regarding participation in the Montgomery GI Bill (MGIB) program. It is also used to ensure that the member understands his/her Montgomery GI educational entitlements. College fund benefits must be listed on the official contract.

RESPONSIBILITIES AND PROCEDURES

In-Processing. By law, the DD Form 2366 (Montgomery GI Bill Act of 1984 (MGIB) must be completed and signed by new recruits within 14 days after entering the Service. <u>The completed DD Form 2366 is the official record of the member's decision and becomes a part of his/her permanent personnel record. Each Service Member is to be informed of his/her eligibility for either the Montgomery GI Bill benefits or eligibility for Loan Repayment and the Army College Fund (ACF), Navy College Fund (NCF) benefits or the Marine Corps College Fund (MCCF). Each member is provided a one-time opportunity to waive his/her Montgomery GI Bill entitlement. Exceptions are Involuntary Separatees under PL 101-510 and Section 561, and Voluntary Separatees in accordance with PL 102-484, Section 4404.</u>

Separation Processing. Military personnel counselors will review DD Form 2366 with each member reenlisting or separating from active duty to ensure that he/she understands the status of his/her eligibility and specific benefits. Each member will be provided a copy of his/her DD Form 2366 upon separation.

Validation of Entitlement. In coordination with the Department of Defense, the Department of Veterans Affairs independently validates a member's entitlement when the member enrolls in an educational institution.

ITEM 1. SERVICE MEMBER

a. Name. Print LAST, First, Middle Initial (and maiden name, if any), Jr., Sr., III, etc. Examples: (a) SMITH, John R. Jr., (b) JOHNSON, Mary L. (BROWN)

b. Social Security Number (SSN). Enter the 9 digits in the appropriate block.

ITEM 2. STATEMENT OF UNDERSTANDING

a. Academy/ROTC Scholarship Graduates. To be completed for Service academy and ROTC scholarship graduate who is eligible for Montgomery GI Bill benefits.

(1) Service Member Signature. Obtain signature of Academy and ROTC graduate.

(2) Rank/Grade. Enter Rank first and Grade last. Example: PVT/E-1

(3) Date Signed. Enter date as follows: YYYYMMDD. Example: 20000615

b. Prior Service Member. To be completed by former Service Member.

(1) Service Member Signature. Obtain signature of Service Member.

(2) Rank/Grade. Enter Rank first and Grade last. Example: $\ensuremath{\mathsf{PVT/E-1}}$

(3) Date Signed. Enter date as follows: YYYYMMDD. Example: 20000615

ITEM 2. STATEMENT OF UNDERSTANDING (Continued)

c. All Other Service Members. Counselor will explain all items in this block to Service member. Service member will ensure that he/she understands all 13 items.

(a) Service Member Signature. Obtain signature of Service Member.

(b) Rank/Grade. Enter Rank first and Grade last. Example: PVT/E-1

(c) Date Signed. Enter date as follows: YYYYMMDD. Example: 20000615

ITEM 3. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS.

If applicable, enter the specific Army College Fund, Navy College Fund, Marine Corps College Fund (MCCF), or Loan Repayment Enlistment Option: include pertinent term of service, reserve obligation, and military skill information; reference other relevant enlistment contract appendices. Ensure that Service member understands prerequisite requirements and benefits. This block should include the appropriate enlistment contract form number. Service member must be made aware that the DD Form 2366 is not an enlistment contract.

ITEM 4. STATEMENT OF DISENROLLMENT.

Service counselor will ensure the Service member fully understands the Statement of Disenrollment.

a. Date Signed. Enter date as follows: YYYYMMDD. Example: 20000615

b. Rank/Grade. Enter Rank first and Grade last. Example: PVT/E-1

c. Service Member Signature. Obtain signature of Service member <u>only if he/she elects to forego his/her benefits</u>. Service counselor will ensure that the member fully understands the consequences of his/her decision.

ITEM 5. WITNESSING OFFICIAL. Self-explanatory.

a. Typed or Printed Name. Print LAST, First, Middle Initial (and maiden name, if any), Jr., Sr., III, etc. Examples: (a) SMITH, John R. Jr.; (b) JOHNSON, Mary L. (BROWN)

b. Rank/Grade. Enter Rank first and Grade last. Example: SFC/E-7 or GS 7

c. Signature. Obtain signature of witnessing official.

d. Date Signed. Enter date as follows: YYYYMMDD. Example: 20000615

COPY DESIGNATIONS: COPY 1 - INSTRUCTIONS COPY 2 - OFFICIAL MILITARY/MASTER FILE COPY 3 - PERSONNEL FILE/SERVICE RECORD COPY 4 - FINANCE COPY 5 - MEMBER

(Chapter 30, Title 38, U.S. Code)

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To establish eligibility to participate in the Montgomery GI Bill Act of 1984.

ROUTINE USE(S): Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.

t	his form and may result in the respondent being automatically enrolled in the MGIB					
	1. SERVICE MEMBER (Print)		<u> </u>			
а.	NAME (LAST, First, Middle Initial)	b.	SOCIALS	SECURITY NUMBER (SSN)		
_	2. STATEMENT OF UNDERSTAN	DING				
a.	ACADEMY/ROTC SCHOLARSHIP GRADUATES I am NOT eligible for the MGIB because I am a Service Academy graduate/Reserved	e Officers' Traini	ing Corps	(ROTC) scholarship graduate.		
	(1) SERVICE MEMBER SIGNATURE	(2) RANK/GRA	ADE	(3) DATE SIGNED (YYYYMMDD)		
b.	PRIOR SERVICE MEMBER I am NOT eligible for the MGIB based upon this enlistment because this is not my	initial entry on a	active dut	у.		
	(1) SERVICE MEMBER SIGNATURE	(2) RANK/GRA	ADE	(3) DATE SIGNED (YYYYMMDD)		
с. 	 c. ALL OTHER SERVICE MEMBERS I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985. I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services. I understand that UNLESS I DISENROLL from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for EACH of the first 12 full months of active duty and this basic pay reduction CANNOT be REFUNDED, SUSPENDED OR STOPPED. I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months. If my obligation is less than 36 months, I understand that I must complete 24 months of active duty to receive the current rate of monthly benefits for a period of 36 months. I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for a period of 36 months. I anon-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty august 2, 1990, prior to October 28, 1994. I must use the MGIB Within 10 years of release/discharge from active duty or completion of Selected Reserve obligation if qualifying under paragraph (6). I may use benefits in-service after 24 months of active duty. Benefits are limited to the cost of tuition and fees or the amount of assistance authorized, whichever is less. I fi die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies)will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans Affairs (DVA). I cannot receive any combination of DVA benefits in ex					
	(a) SERVICE MEMBER SIGNATURE	(b) RANK/GRA		(c) DATE SIGNED (YYYYMMDD)		
	3. SERVICE UNIQUE EDUCATION ASSIST	ANCE OPTIONS				
	4. STATEMENT OF DISENROLLI	AENIT				
	I DO NOT desire to participate in the MGIB. I understand that I WILL NOT be able		ter date			
2	DATE SIGNED (YYYYMMDD) b. RANK/GRADE c. SERVICE MEMBER SIGN					
u.						
	5. WITNESSING OFFICIAL					
a.	TYPED OR PRINTED NAME (LAST, First, Middle Initial) b. RANK/GRADE c. SIGN	ATURE		d. DATE SIGNED (YYYYMMDD)		
D	D FORM 2366, APR 2000 PREVIOUS EDITION MAY BE USED.	COPY 2 - (OFFICIA	L MILITARY/MASTER FILE		

(Chapter 30, Title 38, U.S. Code)

PRIVACY A	CT ST	ATEMENT
-----------	-------	---------

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To establish eligibility to participate in the Montgomery GI Bill Act of 1984.

ROUTINE USE(S): Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.

	this form and may result in the respondent being automatically enrolled in the MGIB.						
	1. SERVICE MEMBER (Print)						
a.	NAME (LAST, First, Middle Initial)			b. SOCIAL	SECURITY NU	MBER (SSN)	
	2 STATE	MENT OF UNDERSTA					
a.	ACADEMY/ROTC SCHOLARSHIP GRADUATES I am NOT eligible for the MGIB because I am a Service Acad			aining Corps	s (ROTC) schola	arship graduate.	
	(1) SERVICE MEMBER SIGNATURE		(2) RANK/G			NED (YYYYMMDD)	
b.	PRIOR SERVICE MEMBER I am NOT eligible for the MGIB based upon this enlistment b	because this is not my	initial entry c	on active du	ty.		
	(1) SERVICE MEMBER SIGNATURE		(2) RANK/G	irade	(3) DATE SIGI	NED <i>(YYYYMMDD)</i>	
	 c. ALL OTHER SERVICE MEMBERS I am eligible for the MGIB based on my initial entry on active duty after June 30, 1985. I understand that I am automatically enrolled unless I exercise the option to disenroll by signing Item 4 below by the date designated by my Services. I understand that UNLESS I DISENROLL from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate for EACH of the first 12 full months of active duty and this basic pay reduction CANNOT be REFUNDED, SUSPENDED OR STOPPED. I must complete 36 months of active duty service before I am entitled to the current rate of monthly benefits for a period of 36 months. I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for anorthid benefits for a period of 36 months. I must complete 24 months of active duty service and must join and serve honorably in the Selected Reserve for a minimum of 48 months in order to receive the current rate of monthly benefits for members who completed 36 months of service. If a non-high school graduate, I must complete all high school diploma (or equivalency) requirements before completing my initial enlistment; or if on active duty August 2, 1990, prior to October 28, 1994. I must receive an HONORABLE discharge for service establishing entitlement to the MGIB. I must receive an HONORABLE discharge for service establishing entitlement to the MGIB. I must receive an HONORABLE discharge for service establishing entitlement to the MGIB. I must receive an HONORABLE discharge for service establishing entitlement to the MGIB. I must receive an HONORABLE discharge for the money reduced from my basic pay for t						
	3. SERVICE UNIQUE	E EDUCATION ASSIST	ANCE OPTIO	NS			
		MENT OF DISENROLL					
	I DO NOT desire to participate in the MGIB. I understand the			later date.			
a.	DATE SIGNED (YYYYMMDD) b. RANK/GRADE c. SI	ERVICE MEMBER SIGI	IATURE				
		VITNESSING OFFICIAL					
а.	TYPED OR PRINTED NAME (LAST, First, Middle Initial) b. RI	ANK/GRADE c. SIGI	IATURE			d. DATE SIGNED (YYYYMMDD)	
D	D FORM 2366, APR 2000 PREVIOUS EDITION	ON MAY BE USED.	COPY 3 -	PERSON	NEL FILE/SEF	RVICE RECORD	

(Chapter 30, Title 38, U.S. Code)

PRIVACY	ACT	STAT	FEMENT
---------	-----	------	--------

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To establish eligibility to participate in the Montgomery GI Bill Act of 1984.

ROUTINE USE(S): Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.

this form and may result in the respondent being auto	matically enrolled in the MGIB		
	1. SERVICE MEMBER (Print		
a. NAME (LAST, First, Middle Initial)		b. SOCIAL	SECURITY NUMBER (SSN)
2.	STATEMENT OF UNDERSTAN	IDING	
a. ACADEMY/ROTC SCHOLARSHIP GRADUATES I am NOT eligible for the MGIB because I am a Serv	ice Academy graduate/Reserve	e Officers' Training Corp	s (ROTC) scholarship graduate.
(1) SERVICE MEMBER SIGNATURE		(2) RANK/GRADE	(3) DATE SIGNED (YYYYMMDD)
b. PRIOR SERVICE MEMBER I am NOT eligible for the MGIB based upon this enlist	stment because this is not my	initial entry on active du	ity.
(1) SERVICE MEMBER SIGNATURE		(2) RANK/GRADE	(3) DATE SIGNED (YYYYMMDD)
 c. ALL OTHER SERVICE MEMBERS (1) I am eligible for the MGIB based on my initial en (2) I understand that I am automatically enrolled un by my Services. (3) I understand that UNLESS I DISENROLL from th EACH of the first 12 full months of active duty (4) I must complete 36 months of active duty service months. (5) If my obligation is less than 36 months, I unders monthly benefits for a period of 36 months. (6) I must complete 24 months of active duty service months in order to receive the current rate of m (7) If a non-high school graduate, I must complete a enlistment; or if on active duty August 2, 1990 (8) I must use the MGIB within 10 years of released under paragraph (6). (9) I must receive an HONORABLE discharge for set (10) I may use benefits in-service after 24 months of assistance authorized, whichever is less. (11) If I die while on active duty, or within one year a beneficiary(ies)will receive the unused balance of by the Department of Veterans Affairs (DVA). (12) I cannot receive any combination of DVA benefiany other VA program, my MGIB benefits will bu (13) My qualifying period of active duty service will receive will receiv	less I exercise the option to di e MGIB, my basic pay will be and this basic pay reduction C ce before I am entitled to the stand that I must complete 24 ce and must join and serve ho onthly benefits for members w all high school diploma (or equ , prior to October 28, 1994. 'discharge from active duty or rvice establishing entitlement to f active duty. Benefits are limit after discharge or release from of the money reduced from my its in excess of 48 months and e appropriately adjusted.	senroll by signing Item 4 reduced \$100 per month ANNOT be REFUNDED , current rate of monthly be months of active duty to morably in the Selected F who completed 36 month ivalency) requirements be completion of Selected to the MGIB. ited to the cost of tuition a active duty if service re- basic pay for the MGIB d if I have received 12 m	h or the current monthly rate for SUSPENDED OR STOPPED. Denefits for a period of 36 to receive the current rate of Reserve for a minimum of 48 hs of service. Defore completing my initial Reserve obligation if qualifying h and fees or the amount of Delated, my designated . This death benefit will be paid months or more of benefits under
(a) SERVICE MEMBER SIGNATURE		(b) RANK/GRADE	(c) DATE SIGNED (YYYYMMDD)
3. SERVICE	UNIQUE EDUCATION ASSIST	ANCE OPTIONS	
	STATEMENT OF DISENROLLI	MENT	
I DO NOT desire to participate in the MGIB. I unders			
a. DATE SIGNED (YYYYMMDD) b. RANK/GRADE	c. SERVICE MEMBER SIGN		
	5. WITNESSING OFFICIAL		
a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. RANK/GRADE C. SIGN	IATURE	d. DATE SIGNED (YYYYMMDD)
DD FORM 2366, APR 2000 P	REVIOUS EDITION MAY BE U	SED.	COPY 4 - FINANCE

(Chapter 30, Title 38, U.S. Code)

PRIVACY A	CT ST	ATEMENT
-----------	-------	---------

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To establish eligibility to participate in the Montgomery GI Bill Act of 1984.

ROUTINE USE(S): Information will be used as a resource document indicating participation status of each servicemember in the Montgomery GI Bill benefits program. Determination of participation status or eligibility will involve computer matching between the Department of Defense and the Department of Veterans Affairs using information from this document.

t	this form and may result in the respondent being automatically enrolled					
	1. SERVICE M	EMBER (Print)		· · · · ·	
a.	NAME (LAST, First, Middle Initial)			b. SOCIAL SECURITY NUMBER (SSN)		
	2. STATEMENT OF	UNDERSTAN	IDING			
a.	ACADEMY/ROTC SCHOLARSHIP GRADUATES I am NOT eligible for the MGIB because I am a Service Academy grad	duate/Reserv	e Officers' T	raining Corp	s (ROTC) scholarship graduat	te.
	(1) SERVICE MEMBER SIGNATURE		(2) RANK/(GRADE	(3) DATE SIGNED (YYYYMN	1DD)
b.	PRIOR SERVICE MEMBER I am NOT eligible for the MGIB based upon this enlistment because the	nis is not my	initial entry	on active du	ty.	
	(1) SERVICE MEMBER SIGNATURE		(2) RANK/0	GRADE	(3) DATE SIGNED (YYYYMN	1DD)
	 ALL OTHER SERVICE MEMBERS I am eligible for the MGIB based on my initial entry on active duty I understand that I am automatically enrolled unless I exercise the by my Services. I understand that UNLESS I DISENROLL from the MGIB, my basic EACH of the first 12 full months of active duty and this basic pay I must complete 36 months of active duty service before I am en months. If my obligation is less than 36 months, I understand that I must monthly benefits for a period of 36 months. I must complete 24 months of active duty service and must join months in order to receive the current rate of monthly benefits for a period of 36 months. I must use the MGIB within 10 years of release/discharge from ar under paragraph (6). I must receive an HONORABLE discharge for service establishing I die while on active duty, or within one year after discharge or beneficiary(ies)will receive the unused balance of the money reduty by the Department of Veterans Affairs (DVA). (12) I cannot receive any combination of DVA benefits in excess of 44 any other VA program, my MGIB benefits will be appropriately action. 	e option to di pay will be y reduction C titled to the complete 24 and serve ho or members v loma (or equ 28, 1994. ctive duty or entitlement nefits are lim release from uced from my 3 months and ljusted.	senroll by sig reduced \$10 ANNOT be F current rate of months of a norably in th vho complete ivalency) req completion of to the MGIB. ited to the Com active duty basic pay for d if I have req uty MGIB an	O per month REFUNDED, of monthly b e Selected R ed 36 month uirements b of Selected R ost of tuition if service re or the MGIB. ceived 12 m d Selected R	or the current monthly rate SUSPENDED OR STOPPED . enefits for a period of 36 perceive the current rate of reserve for a minimum of 48 s of service. efore completing my initial Reserve obligation if qualifyin and fees or the amount of lated, my designated This death benefit will be p ponths or more of benefits un- Reserve MGIB benefits.	for ng baid
	(a) SERVICE MEMBER SIGNATURE		(b) RANK/(GRADE	(c) DATE SIGNED (YYYYMM	1DD)
	3. SERVICE UNIQUE EDUCAT	ION ASSIST	ANCE OPTIO	NS		
	4. STATEMENT OF					
	I DO NOT desire to participate in the MGIB. I understand that I WILL			a later date.		
a.	DATE SIGNED (YYYYMMDD) b. RANK/GRADE c. SERVICE N	EMBER SIGN	IATURE			_
	5. WITNESSI	IG OFFICIAL				
a.	TYPED OR PRINTED NAME (LAST, First, Middle Initial) b. RANK/GRA	DE C. SIGN	IATURE		d. DATE SIG	
D	D FORM 2366, APR 2000 PREVIOUS EDITIO	N MAY BE U	SED.		COPY 5 - MEN	/IBER