



Montana Department of Military Affairs  
Montana National Guard  
Guard Referral Incentive Program (GRIP)

**REFERRER Application**

I, \_\_\_\_\_  
(REFERRER: Name; telephone number; last 4 of SSN) \_\_\_\_\_, referred  
\_\_\_\_\_  
(REFERRER: Address, City, State, Zip)  
\_\_\_\_\_  
(RECRUIT: Name; address, city, state, zip; telephone number)

to join the Montana \_\_\_\_\_ Army \_\_\_\_\_ Air National Guard.

\_\_\_\_\_ I certify that I am not currently a servicemember assigned to, or performing duties in association with, a recruiting and retention section or battalion (REPS and Student Flight members are eligible); I have not been assigned to, or performing duties in association with, a recruiting and retention section or battalion within the past six (6) months; and I am not a spouse, partner in an on-going relationship, or a minor dependent child of a Recruiter.

\_\_\_\_\_ I certify that I am not currently a federal or civilian employee of a recruiting and retention section or battalion.

\_\_\_\_\_ I certify that I am not currently a contractor employer or contractor employee for a Montana National Guard recruiting and retention section or battalion.

\_\_\_\_\_ I certify and understand that the enlistment incentive payment is taxable, and upon request, I will submit a completed Federal IRS Tax Form W-9 to receive the enlistment incentive payment.

**ELIGIBILITY**

\_\_\_\_\_ I certify that I am a current member of the Montana Army National Guard or the Montana Air National Guard in one of the pay grades of E-1 to O-5, and I will have to provide a current military Leave Earnings Statement if requested. Enter Unit Name and Rank: \_\_\_\_\_

**OR**

\_\_\_\_\_ I certify that I am a veteran who received either a honorable or general under honorable conditions discharge characterization, and I understand I will have to provide proof of my veteran status by providing either a \_\_\_\_\_ DD Form 214-Member 4 Copy or \_\_\_\_\_ NGB Form 22; and

\_\_\_\_\_ I certify that I am a resident of the state of Montana.

I acknowledge and understand that an enlistment incentive payment in the amount of \$1,000.00 is due and payable to me by the State of Montana Department of Military Affairs ONLY if my eligibility has been verified, the RECRUIT has certified my referral, and a MTNG recruiter has certified the RECRUIT's completion of a DD Form 4 (enlisted) or NGB Form 337 (officer).

\_\_\_\_\_  
REFERRER Signature

\_\_\_\_\_  
Date

For submission questions, contact Army National Guard: 406-324-3164 or Air National Guard: 406-791-0665

For Official Use Only:

DMA Control Number: \_\_\_\_\_

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