



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

REFERRER Application

I, _____, referred
(REFERRER: Name, address, telephone number, last 4 of SSN)

(RECRUIT: Name, address, telephone number)

to join the Montana _____ Army _____ Air National Guard.

_____ I certify that I am not currently a servicemember assigned to a Montana National Guard recruiting and retention section or battalion (REPS and Student Flight members are eligible), and I have not been assigned to a Montana National Guard recruiting and retention section or battalion within the past six (6) months.

_____ I certify that I am not currently a federal or civilian employee of a Montana National Guard 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.

_____ I certify that I am a resident of the state of Montana.

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;

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 or _____ NGB Form 22.

I acknowledge and understand that an enlistment incentive payment in the amount of \$500.00 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



Montana Department of Military Affairs
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MTNG Recruiting & Retention Certification

_____,
(RECRUIT: Name, address, phone number, last 4 SSN of recruit recruit)

enlisted in the Montana _____Army _____Air National Guard.

_____ I certify the RECRUIT has completed the DD Form 4 or NGB Form 337 . (Proof provided upon request.)

If REFERRER marks eligibility stems from being 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, complete the following:

_____ I certify the REFERRER is 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.

Recruiting Authorized Signature

Date

MTARNG Recruiting and Retention Battalion Commander or Command Sergeant Major
MTANG Director of Staff or Senior Recruiting Non-Commissioned Officer



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RECRUIT Certification

I, _____, certify and swear
(RECRUIT: Name, address, phone number, last 4 SSN of recruit)

that I was referred to join the Montana _____ Army _____ Air National Guard by

_____, and I
(REFERRER: Name, address, telephone number)

would not have joined the Montana National Guard at this time but for this referral.

RECRUIT Signature

Date

(DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY)

STATE OF MONTANA)

: ss

County of _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____ (RECRUIT), known to me to be the person whose name is subscribed to the within this Recruit Certification and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate first above written.

(SEAL)

Notary Public for the State of Montana



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

Department of Military Affairs Certification

_____, referred

(REFERRER: Name, address, telephone number, last 4 of SSN)

(RECRUIT: Name, address, phone number, last 4 SSN of recruit)

to join the Montana _____ Army _____ Air National Guard.

_____ I certify that a MTNG Recruiter certified the RECRUIT has completed the DD Form 4 or NGB Form 337.

_____ I certified the eligibility of the REFERRER by:

_____ The REFERRER providing a current military Leave Earnings Statement proving that the REFERRER is 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 or a MTNG recruiter verifying current REFERRER membership in the Montana Army National Guard or the Montana Air National Guard in one of the pay grades of E-1 to O-5.

OR

_____ The REFERRER providing the following proof of honorable or general under honorable conditions discharge veteran status:

_____ DD Form 214

_____ NGB Form 22

_____ I certify that the REFERRER submitted a completed W-9.

_____ I certify the RECRUIT certified the referral by the REFERRER.

_____ I certify an incentive of \$500.00 is due and payable to the REFERRER.

DMA Authorized Signatory

Date