

**NEW JERSEY ARMY NATIONAL GUARD
EDUCATION CENTER**

**Request for DD Form 2384 Selected Reserve Educational Assistance Program (GI Bill)
Notice of Basic Eligibility (NOBE) for Chapter 1606**

1. A soldier must meet the following eligibility criteria to be issued a DD Form 2384 (NOBE).
(Do not submit this request until the soldier meets the eligibility criteria)

- a. Enlisted soldiers must have a six-year drilling obligation to serve in the Selected Reserve. Officers must agree to serve six years in addition to current obligation.
- b. Complete initial active duty for training (IADT).
- c. Meet the requirements to receive a high school diploma or equivalency certificate *before* completing IADT.
- d. Serve in a drilling Selected Reserve unit and remain in good standing.

2. The following check list is to be completed by the unit administrator or representative for all individuals requesting a DD Form 2384 (NOBE) for educational assistance under Chapter 1606 of the Montgomery GI Bill Selective Reserve. Answer Yes or No or explain.

- a. Has the soldier enlisted for six years (6 x 2), or extended his/her enlistment in the National Guard for a period to equal six years? _____
- b. If an Officer, has the soldier agreed to serve in the Selected Reserve for six years in addition to any other Selected Reserve obligation? _____
(Complete DA Form 5447-R and send the original to SIDPERS and attach a copy to this document)
- c. Has the soldier completed initial active duty for training? _____
- d. Is the soldier a high school graduate/equivalent and did so before the completion of IADT? _____
- e. Is the soldier a satisfactory participant? _____
- f. Has the soldier received a baccalaureate degree? _____
- g. Is the soldier qualified for any other Veterans Administration educational funding program? _____
If yes, explain: _____
- h. Is the soldier receiving funds under the Army Continuing Education System (ACES) Program Tuition Assistance (75%) reimbursement? _____
- i. Is the soldier receiving an ROTC scholarship? _____
- j. Has the soldier signed the Statement of Understanding, DA Form 5435-R? _____
(A copy must be in the soldier's 201 file)

**** Note: All NOBE's will be sent directly to the soldiers Home of Record listed below ****

3. _____ / _____
Last Name First Name MI Grade Rank Social Security #

_____ _____
Unit Name Street Address

(_____) _____ - _____
Unit Phone Number UIC City State Zip Code

4. _____ (_____) _____ - _____
Soldier's Street Address Daytime Phone #

_____ _____ _____ (_____) _____ - _____
City State Zip Code Evening Phone #

5. I certify that the above information on the soldier listed in paragraph 3 is correct.

Name of Unit Commander/Representative Signature Date