

**PAYMENT REQUEST FORM**  
**STATE TUITION REIMBURSEMENT PROGRAM**  
**MINNESOTA NATIONAL GUARD**  
**2017-2018**

-----DATA REQUIRED BY THE PRIVACY ACT OF 1974-----

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the state reimbursement program (STR).

**ROUTINE USES:** To confirm eligibility requirements for the STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report** and **final fee statement** and submit to your unit. The form must arrive at the education services office **no later than 90 days** after the last official day of your course/term. Payment requests submitted after 90 days will be returned to the unit without action or payment.

**DISCLAIMER:** The funding available for the STR program is limited by an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ Member Status:  M-Day/Traditional  AGR  Technician

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

Spouse Option:  Yes /  No Spouse's Name (if using spouse option): \_\_\_\_\_

**Degree Type (check one):**

\_\_\_\_ Certificate (undergraduate/graduate)  
 \_\_\_\_ Associate  
 \_\_\_\_ Baccalaureate degree (undergraduate)  
 \_\_\_\_ Master's degree (graduate)  
 \_\_\_\_ Professional degree (i.e. J.D., D.C., M. Div.)  
 \_\_\_\_ Doctorate (i.e. Ph. D.)

**Enter number of credits completed:**

\_\_\_\_ Summer II (Jul/Aug17) (classes starting AFTER 1JUL)  
 \_\_\_\_ Fall  
 \_\_\_\_ Winter  
 \_\_\_\_ Spring  
 \_\_\_\_ Summer I (May/Jun18) (classes starting BEFORE 1JUL)

Total Credits Attempted: \_\_\_\_\_ Credits Eligible for Reimbursement: \_\_\_\_\_ Tuition Charged: \$ \_\_\_\_\_

**Note: Fee statement or letter from the school must reflect the actual amount of tuition charged and must also state amount of Federal Tuition Assistance (FTA), ROTC tuition scholarship or any federal GI Bill chapter that pays directly to the institution (i.e. Chapter 33 Post 9/11 GI Bill).**

Have you completed basic training, basic military training, or are you projected for the ROTC Leadership Training Course?  Yes /  No /  N/A (select N/A for direct-commissioned officers)

Did you apply for FTA?  Yes  No If Yes, what was the amount you received from FTA for this term? \_\_\_\_\_

If No, why did you not apply for FTA?  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this the last semester before graduation?  Yes  No What is your estimated graduation date (MO/YR)? \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed. \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution (for example, Chapter 33/Post-9/11 GI Bill)?  Yes  No If YES, what was the amount of payment

\$ \_\_\_\_\_ What percentage of tuition was paid directly to the school by federal GI Bill this term?  
\_\_\_\_%

Did you receive an ROTC scholarship which directly paid **tuition** to the institution for this school term (do not include room and board scholarship amount)?

Yes  No If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

**FAILURE TO REPORT THE ABOVE AWARDED AMOUNTS WILL RESULT IN TERMINATION FROM THE STATE TUITION REIMBURSEMENT PROGRAM.**

I verify the address and information on this form is correct. The documentation I have submitted is true and correct. I understand failure to report benefits which directly pay tuition to the institution as listed in the state incentives circular para 2-7 d. will result in termination from the STR program for a minimum of one year and possibly result in punitive action through the Minnesota Code of Military Justice.

\_\_\_\_\_  
SERVICE MEMBER SIGNATURE \_\_\_\_\_  
DATE

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Unit administrator use only:

I have verified the Service Member meets the following requirements for participation in the program:

\_\_\_ Has completed Basic Training, Basic Military Training, or is an SMP contracted ROTC Cadet (not applicable for direct commissioned-officers-AMEDD/chaplain/JAG officers).

\_\_\_ Has no more than four MUTAs/RSDs of excused absences within the last 12 months. One MTA/RSD equals one four-hour training period.

\_\_\_ Has no MUTAs/RSDs of unexcused absences within the last 12 months.

\_\_\_ Is currently deployable per criteria required for his/her current duty position. If the Service Member is not deployable, I certify that he/she is making diligent progress toward becoming deployable, or is awaiting a fit-for-duty determination by medical review board.

\_\_\_ Is not under suspension of favorable actions (Army) UIF (Air) IAW applicable regulation and policy.

\_\_\_ Has a current passing record APFT/FA, and is compliant with ABCP standards (Army).

\_\_\_ Service Member has a current (Annex D-1) Minnesota Direct Deposit Form & W9 or account information on file in the incentives database, or the unit has emailed the completed forms to [ng.mn.mnarnng.mbx.assets-education@mail.mil](mailto:ng.mn.mnarnng.mbx.assets-education@mail.mil).

\_\_\_ This payment request will be uploaded to the incentives database within 90 days of the course completion date.

\_\_\_\_\_  
UNIT REPRESENTATIVE PRINTED NAME \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SERVICE MEMBERS PREFERRED EMAIL ADDRESS

\_\_\_\_\_  
UNIT REPRESENTATIVE SIGNATURE \_\_\_\_\_  
DATE