

PAYMENT REQUEST FORM
STATE TUITION REIMBURSEMENT PROGRAM
MINNESOTA NATIONAL GUARD
2021-2022

-----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 tuition 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. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

Name: _____ SSN: _____

Current Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Preferred Email: _____ Phone: _____

Unit: _____ Member Status: M-Day/Traditional AGR Dual status 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/Aug21) (classes starting AFTER 1JUL)
- _____ Fall
- _____ Winter
- _____ Spring
- _____ Summer I (May/Jun22) (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)

ARMY National Guard Only

Did you receive Federal Tuition Assistance (FTA) funding for this term? Yes No

If No, why did you not apply or receive FTA (explain in detail so the Education office can confirm the reason)

Blanket Exception to Policy (ETP) approved – Service members are temporarily not required to apply/be approved FTA prior to using STR. This ETP is effective for all classes that started after 12 March 2021 – to classes that start prior to 30 July 2022.

AIR National Guard Only

Were you on Title 10 or Title 32 orders while taking your classes for this payment request? Yes No

If No, indicated not eligible: "I was not eligible for Federal Tuition Assistance (FTA)"

If Yes, what was the amount you received from Federal Tuition Assistance (FTA) for this term? _____

***Need to submit AF Fitness Score Printout and their VMPF-Education/Training Information Printout

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? _____ %

Did you receive a 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, was it for {Room and Board} or {Tuition and Fees}? _____

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

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 (Army) or four periods (Air) of excused absences within the last 12 months. One MUTA/period equals one four-hour training period.

___ Has no MUTAs/periods 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) or UIF (Air) IAW applicable regulation and policy.

___ Had a current passing record APFT/FA and was compliant with ABCP standards (Army) for the entire semester.

___ Service Member has a current (Annex D-1) Minnesota Direct Deposit Form & W9 on file stored in the incentives database or the unit has emailed the completed forms to 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

UNIT REPRESENTATIVE SIGNATURE _____
DATE