

**MEMORANDUM OF UNDERSTANDING (MOU)
SURVIVOR STATE TUITION REIMBURSEMENT
MINNESOTA NATIONAL GUARD
2023-2024**

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

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPAL PURPOSE: To explain participation requirements for state tuition reimbursement (STR) program; to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To confirm requirements and participation for the STR program as a basis for suspension, termination and recoupment if requirements are not met.

DISCLOSURE: Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for the STR program.

DISCLAIMER: The funding available for the STR program is limited by the appropriations set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

Name: _____ SSN: _____
(Last, First, MI)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Preferred Email: _____

Birth Date: _____ Gender: Male _____ Female _____ Race: _____

**If this is the first time receiving STR funds you need to fill out annex D-1 Minnesota Direct Deposit Form & W9 or you will not receive payment. Email the completed forms to ng.mn.mnarnng.mbx.assets-education@army.mil _____(initial)

F-1. ACKNOWLEDGEMENT STATEMENT.

I, _____(full name), certify I have read this memorandum prior to signing and understand the policies and procedures of the Minnesota Survivor State Tuition Reimbursement (STR) program as described in Minnesota National Guard Circular 621-5-1.

F-2. INTRODUCTION.

a. _____(initial) The State of Minnesota sponsors the STR program. The state legislature appropriates funds for this program biennially. If in the future, the state does not fund the STR program or if funds are depleted, neither the State of Minnesota nor the Minnesota National Guard is obligated to continue such a program or pay out existing obligations.

b. _____(initial) I understand the STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester-hour rate for undergraduate coursework or 75% resident graduate tuition rate at the U of M Twin Cities graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate at the U of M.

c. _____(initial) I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

d. ____ (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. STR may be used to fund one degree at each level: certificate, associate, bachelor, master, and professional/doctorate degree.

F-3. CRITERIA FOR PARTICIPATION.

a. I understand the following additional requirements:

(1) ____ (initial) I must attend course(s) taken at an accredited post-secondary educational institution and course(s) are eligible for placement on a transcript from the post-secondary educational institution.

(2) ____ (initial) Course(s) that earn continuing education units (CEUs) are not eligible for the STR program if they are required to obtain or maintain professional licensure. Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The Education Services Officer is the approval authority for certificate courses that earn CEUs.

(3) ____ (initial) The maximum lifetime benefit that I may receive under this program is equivalent to 144 semester hour credits/208 quarter hour credits. Additionally, I understand that my survivor STR entitlement expires on my 24th birthday. I understand that I may be paid for the course/term during which I turn 24 years old.

(4) ____ (initial) For undergraduate coursework, I must achieve a grade of “**C**” or better, **Pass** or **Satisfactory**. I understand that the Minnesota National Guard will not reimburse me for any course from which I **withdraw** or receive a grade of **C-** or lower.

(5) ____ (initial) For graduate coursework, I must achieve a grade of “**B**” or better. I understand that the Minnesota National Guard will not reimburse me for any course from which I **withdraw** or receive a grade of “**B-**” or lower.

F-4. REIMBURSEMENT PROCEDURES.

a. I will read, sign, and submit the memorandum of understanding (MOU) (Annex F-1) to the education services office. I will not receive payment until I have a MOU on file in the State Incentives Database.

b. Request for Reimbursement.

(1) ____ (initial) I understand I must submit the following forms and supporting documents to the education services office within 90 days of the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during a normal semester, I will submit requests in groups that correspond with a normal semester. I will request payment no more than once for each semester: fall, winter, spring, summer session I and summer session II.

(a) ____ (initial) Payment request form (Annex F-2).

(b) ____ (initial) Grade report.

(c) ____ (initial) Fee statement which clearly shows the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf: Federal Tuition Assistance (FTA), Chapter 33 Post 9-11 GI Bill or any other federal GI Bill chapter which pays directly to the institution, and/or ROTC tuition scholarship. If the fee statement does not clearly show the amount of tuition charged or other federal payments, I will obtain a letter from the institution that includes this information and lists a point of contact at the institution.

(2) ____ (initial) I understand my signature on the Annex F-2 verifies that all information is true and correct. My signature also authorizes the education services office to contact the school to verify course grades.

(3) _____(initial) I understand I must submit my request for tuition reimbursement within 90 days after the last official day of the course.

F-5. INCOMPLETE COURSEWORK.

a. Incomplete Coursework.

(1) _____(initial) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) _____(initial) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex F-2) requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will submit a new this request along with the initial payment request form and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

F-6. TERMINATION. I understand the submission of a falsified grade report, transcript, fee statement or payment request form (Annex F-2), or an attempt to receive funds for which I'm not eligible will result in termination from the STR program for a minimum of one year.

F-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I understand the directives outlined herein and in MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Survivor Tuition Reimbursement program.

*I understand I must complete all coursework with at least a "C" grade of better for undergraduate and "B" or better for post-baccalaureate/graduate-level coursework. I understand it is my responsibility to ensure my requests for reimbursement are forwarded to the education services office **within 90 days** of the last day of the term.*

SIGNATURE

DATE