

Minnesota GI Bill Program Application 2015-2016

(Last Updated: 12/01/2014)



1. Name (Last, First, Middle)				
2. Student SSN/Student Number	3. Date of Birth (month, day, year)	4. Telephone Number (include area code)		
5. Permanent Home Address			6. Email Address	
7. City, State, Zip Code			8. Are you a Minnesota Resident (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name of college or university you are attending or plan to attend:			10. Have you completed a FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. List the number of credits you plan to be enrolled in for each term below: <div style="display: flex; justify-content: space-around; text-align: center;"> _____ _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; text-align: center; font-size: small;"> Summer 2015 Fall 2015 Winter 2015/2016 Spring 2016 Summer 2016 </div>				
12. I am a (check the applicable box below): <input type="checkbox"/> Veteran who is serving or has served honorably in the U.S. armed forces at any time (Note: Includes service members who meet veteran definition but are serving actively and have not yet been discharged) <input type="checkbox"/> Non-veteran who has served honorably in any active, National Guard or reserve component of the U.S. armed forces for 5 or more years cumulatively and some part of that service occurred on or after September 11, 2001 <input type="checkbox"/> Spouse or <input type="checkbox"/> a Dependent of a person who has served in the military at any time and who has died as a direct result of military service or who has a total and permanent service-connected disability as rated by the U.S. Veterans Administration (Note: Must be currently eligible to receive federal dependent education benefits under Chapter 35 or Chapter 33)				
13. When did the service member serve in the military? From _____ to _____		14. Periods of active duty for service person: From _____ to _____ From _____ to _____		
15. Circle branch of service for service person: Army Marines Navy Air Force Coast Guard		16. Circle type of military service for service person: Regular National Guard Reserve		
17. Is the service member still serving? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. If no, did the service member receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Have you received Minnesota GI Bill at another college this year (July 1, 2014 to June 30, 2015)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which college? _____				
20. What federal veterans or military education benefits have you applied for, are you receiving or do you expect to receive this year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Montgomery GI Bill-Active Duty (Ch 30) <input type="checkbox"/> Post 9/11 GI Bill (Ch 33) <input type="checkbox"/> Montgomery GI Bill-Selected Reserve (Ch 1606) <input type="checkbox"/> Federal Tuition Assistance/Army Continuing Education <input type="checkbox"/> VA Vocational Rehab (Ch 31) </div> <div style="width: 45%;"> <input type="checkbox"/> Survivors and Dependents Assistance (Ch 35) <input type="checkbox"/> Reserve Educational Assistance (Ch 1607) <input type="checkbox"/> Other Federal Military or Veterans Education Benefits (Please list name of program): </div> </div>				
STUDENT CERTIFICATION: Please check the box next to each statement:				
<input type="checkbox"/> I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information provided on this application <input type="checkbox"/> I give permission to my college, the Office of Higher Education and the Minnesota Department of Veterans Affairs to share information and documentation with each other as well as with other offices administering financial aid and veterans benefits programs in order to verify information provided on this application <input type="checkbox"/> If I am a National Guard member, I give permission to the MNARNG Education Office to enter the information from this application on the web-based application on my behalf <input type="checkbox"/> I give permission to my college, the Office of Higher Education and the Minnesota Department of Veterans Affairs to enter the information from this application onto the web-based application on my behalf <input type="checkbox"/> I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Minnesota GI Bill program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future awards from this program <input type="checkbox"/> I understand that any changes in my FAFSA, Pell Grant, MN State Grant, Federal VA Benefits may cause my award package to be adjusted <input type="checkbox"/> I understand that all awards are subject to the availability of funds				
Student's Signature			Date (month, day, year)	

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What's the Application Process?

- Step 1: You submit this application once each academic year
You can turn it in to your college, the Minnesota Department of Veterans Affairs or the MN National Guard Education Office
It can also be completed online www.ohe.state.mn.us
- Step 2: Your eligibility as a Veteran, Non-Veteran, Spouse or Dependent will be verified by the MN Department of Veterans Affairs
You may be contacted to provide additional documentation like your DD214 or other discharge documents
- Step 3: Your college's financial aid office will notify you if you qualify for an award
You must complete the Free Application for Federal Student Aid (FAFSA) before the college can determine if you qualify

Who is eligible?

In general, you must be all of the following:

- A current **Minnesota Resident** for state financial aid purposes (see below)
- An eligible **veteran, non-veteran, spouse or dependent**
- Enrolled in an eligible and participating postsecondary institution located in Minnesota
- Enrolled in a certificate, diploma, or degree program
- Making satisfactory academic progress in your academic program
- Less than 62 years old at the beginning of the term
- Current on child support obligations, if applicable

You are a **Minnesota Resident** for state financial aid purposes (Application Question #8) if you meet one of the following:

- Graduated from a MN high school while residing in MN and, if currently residing in another state, physically attending a MN college
- Received a GED in Minnesota after living in the state for at least one year
- Lived in MN for at least one year for other than educational purposes (not enrolled for more than 5 credits in any term during that time)
- Are a member (or spouse or dependent of) of the U.S. armed forces stationed in Minnesota for active federal military service
- A spouse or dependent of a veteran who is a MN Resident
- Additional ways you may be considered a MN Resident available at: www.ohe.state.mn.us/mnresident

How much is the award?

If you meet the basic eligibility requirements, your financial aid office will determine how much you are eligible to receive each term. Any amount you are receiving in Pell Grant, State Grant and/or federal military or veterans education benefits (except VRAP) is taken into account when your award is calculated. The number of credits you are taking may also impact your eligibility and award amount.

Each academic year (July 1 through June 30) you may receive up to \$3,000. The most you can ever receive is \$10,000 (lifetime maximum).

Retroactive awards are not allowed. You must apply by the last day of the term in order to be awarded beginning in that term.

The maximum award you are eligible to receive each term is based on whether you are enrolled full time or part time (See chart below).

Undergraduate Students		Graduate Students	
Part Time	Full Time	Part Time	Full Time
Less than 12 credits	12 credits or more	As defined by college	As defined by college
Up to \$500 per term	Up to \$1,000 per term	Up to \$500 per term	Up to \$1,000 per term

Where can you get more information?

To learn more about this program contact your college financial aid office or:

- The Office of Higher Education at (651) 642-0567 or (800) 657-3866
- Minnesota Department of Veterans Affairs Higher Education Veterans Programs at (800) 456-8519 or (888) LinkVet (546-5838)

NOTICE TO APPLICANTS

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state, or local government agency asks you to disclose your Social Security Account Number, you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Accordingly, you are being advised that disclosure of your Social Security number is voluntary.

The Social Security number will be used to verify your identity, and as an identifier of your file in order to record necessary data accurately. As an identifier, the Social Security number is used in the Minnesota GI Bill program for such purposes as processing the application form, program evaluation, and reporting and notification of program eligibility and award amount to your postsecondary institution.

Pursuant to Minnesota Statutes, Sec. 13.04, subd. 2 (2004), you are hereby informed that the information supplied in this application may be used as follows: (1) in the processing and verification of the data supplied to determine your eligibility for this program; (2) for compilation and analysis of summary data relative to this program; and (3) for dissemination of information to the school. You are not required to provide the information supplied in this application. However, failure to submit requested data may prevent further processing of this application. The information supplied in this application may be shared with other public and private individuals and entities in order to use the information for the purposes specified above.

The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 642-0567.