

**MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM
MEMORANDUM OF UNDERSTANDING 2010-2011**

A-1. ACKNOWLEDGEMENT STATEMENT.

I, _____ (Full Name, Rank), certify that I read this memorandum and fully understand the policies and procedures of the Minnesota State Tuition Reimbursement (STR) Program as described in Minnesota National Guard Circular 621-5-1 and this Memorandum of Understanding (MOU).

A-2. INTRODUCTION.

a. 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 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. I understand that if I do not meet all the criteria outlined in Minnesota National Guard Circular 621-5-1, dated 1 Jul 2010, I may jeopardize my entitlement to receive STR.

c. I understand that the STR Program will reimburse me up to 100% of the tuition charged, not to exceed a maximum of \$7,500 per school year. I understand my reimbursement will not exceed 100% of the University of Minnesota (U of M) Twin Cities undergraduate campus rate. The maximum reimbursement for Quarter Hours (QH) is 2/3rds (66.6%) of the Semester Hour (SH) rate at the U of M.

d. I understand that, if I am designated as a Medical Professional Student as outlined in Chapter 4, the STR program only reimburses up to 100% of tuition costs, not to exceed 100% of the tuition rate of the University of Minnesota (UMN) Medical School, Twin Cities campus, for the current academic year.

e. I understand that the U of M tuition rates for the current academic year can be found at http://onestop.umn.edu/finances/costs_and_tuition/index.html.

f. I understand that if I receive federal benefits which pay tuition benefits directly to the institution, then the combination of federal benefits and STR cannot exceed 100 percent of the tuition charged. Federal benefits include, but are not limited to: FTA, CH 33 Post 9-11 GI Bill, and ROTC tuition scholarships.

g. I understand that STR is not authorized to reimburse activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

A-3. CRITERIA FOR PARTICIPATION.

a. I understand that in order to be eligible for STR payment I must meet the following membership criteria:

(1) I am a member of the Minnesota National Guard; grades from E-1 through O-5 (to include warrant officers). If I am a Lieutenant Colonel promoted to Colonel during a school term I'm able to receive a final payment for that school term only but I am not eligible to participate in STR for future school terms.

(2) I successfully completed Basic Training (BT), Basic Military Training (BMT), or ROTC Leadership Course, or am a direct commissioned AMEDD officer, Staff Specialist, Chaplain, or JAG officer.

(3) I must maintain active status in the Minnesota National Guard throughout the entire course/term for which reimbursement is tendered. If I enlist to become a member during a school term, I am eligible for STR for that term, provided all other criteria are met, and payable upon completion of BT.

(4) I understand that if I am an Enlisted (Traditional, M-Day) Soldier of the MN Army National Guard, I **MUST** apply for Federal Tuition Assistance (FTA) in order to be eligible to use STR (<https://minuteman.ngb.army.mil/benefits>). If I am an AGR Enlisted Soldier I understand that I **MUST** apply for Army Continuing Education System (ACES) Tuition Assistance in order to be eligible to use STR (www.GoArmyEd.com). The combination of federal benefits and STR cannot exceed 100% tuition costs.

b. I understand that to receive payment under this program that I must follow the rules regarding satisfactory participation and be in good standing by the course/term end date:

(1) No periods of unauthorized absence (AWOL) within the last 12 months while participating in the program

(2) No more than four (4) periods of Excused Absence during the last 12 months

(3) I am currently deployable as per criteria required for my current duty position. If I'm not currently deployable, I am in one of these following categories: 1) making progress towards deployment status 2) awaiting a Fit-for-Duty (FFD) determination by a Medical Review Board or 3) found FFD and retained, but profiled "Non Deployable" by a Medical Review Board

(4) I am not under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy

(5) I am in compliance with APFT (Army) or Physical Fitness Standards (Air), and the Height/Weight standards.

c. I understand the following additional requirements:

(1) I or my spouse, must attend courses taken at an accredited post secondary educational institution, certification program approved for veteran's benefits, or courses eligible for placement on a transcript from the post secondary educational institution.

(2) I will be reimbursed only for courses that are eligible for placement on a transcript from the educational institution. Courses that earn Continuing Education Units (CEUs) are not eligible for STR.

(3) The maximum lifetime benefit that I may receive under this program is funding equivalent to 144 semester /208 quarter credits.

(4) To use the Tuition Reimbursement Option for Spouses, I must have served at least 8 years of (active-drilling, non-ING) service in the Minnesota National Guard and must be in the pay grade of E6, E7, O2 or O3.

(5) My spouse may use up to 12 semester/17 quarter credits annually, not to exceed my life time benefit of 144 semester/208 quarter credits. Spouse tuition reimbursement is counted against my maximum yearly benefit cap of \$7,500.00.

(6) Courses which end after my End of Term of Service (ETS) date are not eligible for payment, unless I qualify under the Extended Eligibility rules (See paragraph 2-2, b. of the MN State Circular).

(7) If I receive Medical Professional STR, then I incur a one year contractual service obligation for every one year of Medical Professional STR use. DC and SP service obligations begin immediately after professional graduation. Medical Corps service obligations begin immediately after residency completion.

(8) If I utilize a combination of STR under the provisions of Chapter 2 and Chapter 4, the State Surgeon's Office is the final determining authority of my time-in-service contractual obligation.

d. I understand that I, or my spouse, must complete coursework in accordance with the following guidelines:

(1) Undergraduate Study. I, or my spouse, must achieve a grade of "C" or better, "Pass" or "Satisfactory." I understand that the National Guard will not reimburse me for any course from which I, or my spouse, "withdraw" or receive a grade of "C-" or lower.

(2) Graduate Work. I, or my spouse, must achieve a grade of "B" or better. I understand that the National Guard will not reimburse me for any course from which I, or my spouse, "withdraw" or receive a grade of "B-" or lower.

e. I understand that I will be eligible for reimbursement for the course upon completion, and if the grade requirements outlined above are met.

A-4. REIMBURSEMENT PROCEDURES.

a. Memorandum of Understanding. Annually, I will carefully read, sign and submit a MOU (Annex A-1) to my unit.

b. Annual Obligation Request Processing.

(1) I must complete the Annual Obligation Request (Annex A-2) and submit it to my unit NO LATER THAN 45 days after the course/term start date. I understand that failure to obligate NO LATER THAN 45 days from the course start date will result in non-payment. If I enlisted during a current school term, I will submit the Annual Obligation Request immediately and understand that the ESO will reimburse me for the current course/term upon completion of basic training.

(2) I understand that the annual obligation is an estimate of tuition costs anticipated for each term during the school year, Summer Session II 2010 through Summer Session I 2011. I understand that I must do my best to accurately predict my school costs for the year. I understand that the amount of reimbursement is dependent on actual charges not solely on my annual obligation.

c. STR Payment Request Processing.

(1) I understand that I must submit the following forms and supporting documents to my unit in sufficient time for them to arrive at the ESO office no later than 90 days after the last official day of the course/term. Service Members and Airmen enrolled in accelerated programs, where several terms are completed during the course of a normal semester/quarter schedule, should submit requests in groups that correspond with a normal semester/quarter. One submission each for Fall, Winter, Spring, Summer and Summer 2 terms.

(a) Payment Request Form (Annex A-3).

(b) Grade Report. Grades from the internet are acceptable.

(c) Final fee statement dated after course completion and provided by the institution that clearly shows the amount of tuition charged. The final fee statement must include all other benefits paid, or pending payment, directly to the institution on the Service Member's behalf (e.g. FTA/ACES TA, CH 33/Post 9-11 GI BILL, 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.

(d) Direct deposit form – State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). Payment of Spouse Tuition Reimbursement is direct deposited into the sponsoring Service Member's bank account.

(2) I understand that my signature on Annex A-1 & Annex A-3 will verify that all information is true and correct. My signature also authorizes the ESO to contact the school to verify information.

(3) I understand that I must submit my request for tuition reimbursement NO LATER THAN 90 days after the last official day of the course/term. I understand that if I fail to meet this suspense, I am not eligible for reimbursement for that course/term.

A-5 INCOMPLETE COURSEWORK AND LATE REQUESTS.

a. Incomplete Coursework.

(1) I understand that if I have an incomplete course, that I should still request payment for all completed classes for that course/term, by submitting documents to my unit within the 90 day suspense date. The ESO will reimburse for these courses provided the annual obligation was submitted and funds are available. Retain a copy of your Annex A-3 and paperwork to submit upon completion of incomplete coursework.

(a) On initial submission, I must annotate the classes that are incomplete in the remarks block and the expected completion date.

(b) I must submit initial request for reimbursement, along with fee statement and grades to my unit within 90 days.

(2) I understand that upon completion of the coursework, I must complete a new Payment Request Form (Annex A-3) requesting reimbursement for only the courses that were originally incomplete but are now complete. I must provide this request along with a grade report showing satisfactory completion and a copy of the original payment request to my unit.

b. Late Requests for Tuition Reimbursement. If I miss the 90-day suspense, the obligation will be terminated. No reimbursement request will be approved for that course/term. For extenuating circumstances I will contact my unit.

A-6 TERMINATION. I understand that the submission of a falsified grade report, transcript or fee statement, or an attempt to receive funds for which I'm not eligible, results in termination from the STR Program for a minimum of one year. STR funds received using a falsified grade report, transcript or final fee statement will be recouped.

A-7 RECOUPMENT I understand that I may be subject to recoupment of STR funds if I fail to report other Federal Funds which directly pay tuition costs to my educational institution (e.g. FTA, CH 33/Post 9-11 GI Bill, ROTC Tuition Scholarship).

A-8. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.

I fully understand the directives outlined herein and in MNNG CIR 621-5-1 and my responsibilities for participation in the Minnesota State Tuition Reimbursement Program.

Signature of Service Member

Date

Signature of Unit Rep.

Date

MINNESOTA NATIONAL GUARD
STATE TUITION REIMBURSEMENT PROGRAM
ANNUAL OBLIGATION REQUEST FORM

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

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members
PRINCIPLE PURPOSE: To explain obligation and participation requirements for State Tuition Reimbursement (STR) Program and to ensure that your agreement to these conditions is a matter of record.
ROUTINE USES: To confirm requirements of obligation and participation requirements for the STR Program, occasionally 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.

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

Spouse Option? (Y/N) _____ Spouse Name (if using Spouse option): _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Pay Grade: _____ Enlistment Date: _____ Assigned Unit: _____

Birth Date: _____ Sex: Male _____ Female _____ Race: _____

Unit Phone Number: _____ Unit Email Address: _____

School Year: _____ Qtrs or Sems (Circle one) School Attending: _____

Course Type: VoTech _____ Undergrad _____ Graduate _____ Dist Learning/Online _____ Certification Program _____

Anticipated Service Member Credits by Term: Fall _____ Winter _____ Spring _____ Summer1 _____ Summer2 _____

(OR) School Spouse is Attending: _____

Spouse Course: VoTech _____ Undergrad _____ Graduate _____ DL/Online _____ Certification Program _____

Anticipated Spouse Credits by Term: Fall _____ Winter _____ Spring _____ Summer1 _____ Summer2 _____

Have you completed basic training, basic military training, or ROTC Leadership Course? [] Yes / [] No
If no, estimated completion date of training? _____
(Enter N/A for Direct Commissioned Officers -AMEDD/Chaplain/JAG officers)

Have you previously submitted a Minnesota Direct Deposit Authorization for EFT? [] Yes / [] No
If no, contact your unit for the MN Direct Deposit form (Annex D-1) and submit with this request.

Remarks: _____

I understand that this Annual Obligation Request is only an estimate and that the actual amount of tuition reimbursement will be based on the actual cost of tuition. I understand that I must complete all coursework with at least a "C" grade or better for undergraduate coursework and "B" or better for post-baccalaureate/graduate- level coursework.

I further understand that it is my responsibility to ensure that my requests for reimbursement are forwarded to my unit in order to arrive at the Education Services Office within 90 days of the last day of the term.

SIGNATURE

DATE

**MINNESOTA NATIONAL GUARD
STATE TUITION REIMBURSEMENT PROGRAM
PAYMENT REQUEST FORM**

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

AUTHORITY: Minnesota Statute 192.501 Financial Incentives for National Guard Members

PRINCIPLE PURPOSE: To explain obligation and participation requirements for the State Reimbursement Program (STR) and to ensure that your agreement to these conditions is a matter of record.

ROUTINE USES: To confirm obligation and participation requirements for the STR Program. This may be used as a basis for suspension, termination and recoupment if your requirements are not met.

INSTRUCTIONS: Upon course completion, complete this form, attach grade report and final fee statement. Submit all to your unit. The form must arrive at the ESO within 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 the appropriations set by the State Legislature. Contract is valid for payment, provided funds are available in each fiscal year of eligibility.

Name: _____ SSN: _____

Spouse Option? (Y/N _____ Spouse Name (if using Spouse option): _____

Current Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Email Address: _____ Telephone: _____

Unit: _____ Member Status (Circle): M-Day/Traditional - AGR - Technician

School Year: _____ Qtrs or Sems (Circle one) School Attended: _____

Course Type: VoTech ___ Undergrad ___ Graduate ___ Dist Learning/Online ___ Cert Program ___

TERM: Fall ___ Winter ___ Spring ___ Summer ___ Summer2 ___

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 any other federal benefits used for tuition.

Have you completed basic training, basic military training, or ROTC Leadership Course? Yes / No
If no, estimated completion date of training? _____
(Enter N/A for Direct Commissioned Officers -AMEDD/Chaplain/JAG officers)

My Minnesota Direct Deposit Authorization for EFT form is currently on file or attached. _____ (initial)

Did you receive CH 33/Post 9-11 GI Bill which directly paid tuition costs to the institution? Yes No
If YES, what was the amount \$ _____

Did you receive Federal Tuition Assistance or ACES Tuition Assistance? Yes No
If YES, what was the amount \$ _____

Did you receive an ROTC Scholarship which directly paid TUITION COSTS to the institution 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, AND RECOUPMENT OF FUNDS.

I verify that the address and information on this form is correct. The documentation I have submitted, herewith, is true and correct. I understand that failure to report Federal Benefits which directly pay tuition costs to the Institution may result in termination from the STR program for a period of one year, and/or recoupment of funds.

Signature

Date

Unit Administrator's Use Only:

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

- The Service Member has completed basic training, basic military training, or ROTC Leadership Training. (Not applicable for Direct Commission Officers-AMEDD/Chaplain/JAG officers).
- The Service Member has no more than four excused absences within the last 12 months.
- The Service Member has no unexcused absences within the last 12 months.
- The Service Member is currently deployable as 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 towards becoming deployable, or is awaiting a Fit-for-Duty (FFD) determination by medical Review Board.
- The Service Member is not under suspension of favorable actions IAW applicable regulation and policy.
- The Service Member is in compliance with APFT, Height/Weight standards.

Printed name of Unit Administrator

Unit Phone #

Date