

**SURVIVOR STATE TUITION REIMBURSEMENT PROGRAM**  
**MINNESOTA NATIONAL GUARD**  
**MEMORANDUM OF UNDERSTANDING FALL 10-SUMMER 11**

**A-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (Full Name), certify that I have read this memorandum prior to signing and fully understand the policies and procedures of the Minnesota State Tuition Reimbursements (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 the STR Program reimburses up to 100% of tuition charged, not to exceed the University of Minnesota (U of M) Twin Cities undergraduate campus rate with a maximum yearly benefit of \$10,000.00. I further understand that the maximum reimbursement for Quarter Hours (QH) is 2/3rds (66.6) the Semester Hour (SH) rate at the U of M.

c. I understand that reimbursement is not authorized for 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 the following additional requirements:

(1) I must attend courses taken at an accredited post secondary educational institution and courses are 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 the STR Program.

(3) The maximum lifetime benefit that I may receive under this program is equivalent to 208 quarter/144 semester credits. Additionally, I understand that if my Extended STR period expires during the course/term, I am not eligible for reimbursement for that course/term.

(4) Undergraduate Study. I 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 "**withdraw**" or receive a grade of "**C-**" or lower.

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

b. 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 an MOU to The Education Service Office (ESO).

b. Annual Obligation Request.

(1) I must complete the Annual Obligation Request (Annex F-2) and submit it to the ESO prior to beginning classes.

(2) I understand that the annual obligation is an estimate of tuition cost for each term during the school year. The actual amount of reimbursement is dependent on the school, credits and terms attended. The school year is Summer Session II 2011 through Summer Session I 2012.

(3) I understand that failure to obligate may result in non-payment for that course/term.

c. Request for Reimbursement Payment.

(1) I understand that I must submit the following forms and supporting documents to the ESO within 90 days after the last official day of the term. Students enrolled in accelerated programs, where several terms are completed during the course of a normal semester should submit their requests in groups that correspond with a normal semester. Request payment no more than once for each Semester: Fall, Winter, Spring, Summer 1 and Summer 2.

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

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

(c) 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 student's behalf (e.g. CH 33/Post 9-11 GI BILL). 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) I understand that my signature on the Annex F-3 verifies that all information is true and correct. My signature also authorizes the ESO to contact the school to verify course grades.

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

**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 the ESO 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 the ESO.

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.

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. CH 33/Post 9-11 GI Bill).

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 Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ESO

\_\_\_\_\_  
Date

# SURVIVOR STATE TUITION REIMBURSEMENT PROGRAM

## MINNESOTA NATIONAL GUARD 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.-----  
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Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, MI)

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

School Year: \_\_\_\_\_ Qtrs or Sems (Circle one) School Attending: \_\_\_\_\_

Course Type: VoTech \_\_\_\_\_ Undergrad \_\_\_\_\_ Graduate \_\_\_\_\_ DL/Online \_\_\_\_\_ Certification Program \_\_\_\_\_

Anticipated **Number of Credits:** Summer2(Jul/Aug'11) \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer1(May/Jun'12) \_\_\_\_\_

Have you previously submitted a Minnesota Direct Deposit Authorization for EFT?  Yes /  No  
If no, contact the ESO 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 at least a "C" grade of better for undergraduate 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 the Education Services Office **within 90 days** of the last day of the term.*

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

# SURVIVOR STATE TUITION REIMBURSEMENT PROGRAM

## MINNESOTA NATIONAL GUARD PAYMENT REQUEST

-----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.

INSTRUCTIONS: Complete this form, attach grade report and a fee statement and mail to: The Department of Military Affairs, Veteran Service Building, 20 12th Street West, Saint Paul, MN 55155. The form must arrive at the ESO within 90 days after the last official day of the term.

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

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

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Year \_\_\_\_\_ Qtrs or Sems (Circle one) School Attended \_\_\_\_\_

Course Type: Undergraduate Study \_\_\_\_\_ Graduate Study \_\_\_\_\_ Dist Learning/Online \_\_\_\_\_ Certification Program \_\_\_\_\_

TERM: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Summer2 \_\_\_\_\_

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

**Note: Fee statement or letter from the school must reflect the actual amount of tuition charged.**

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 Benefits which directly paid tuition costs to the institution? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, what was the amount \$ \_\_\_\_\_

Remarks:

I verify that the address and information on this form is correct. The documentation I have submitted, herewith, is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

----- FOR ESO USE ONLY -----

Contract was verified by State Program Manager for accuracy.

\_\_\_\_\_  
Printed name and Signature of program manager Date

(Must be reviewed by program manager prior to payment being made.)