

2008-2009 Minnesota GI Bill Program Application (Revised 05/14/2008)

Read instructions before completing application. Incomplete applications will not be processed. Submit this application with a copy of your DD-214 form to the Financial Aid Office of the institution you will attend.

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| 1. Name (Last, First, Middle) | | |
| 2. SSN or Student Number | 3. Date of Birth (month, day, year) | 4. Telephone Number (include area code) |
| 5. Permanent Home Address | | 6. Student's 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 post-secondary institution(s) you are attend or plan to attend: | | 10. Have you completed a FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Indicate the number of credits for which you intend to register for the term/s for which you are requesting funds: | | |
| _____ | _____ | _____ |
| Summer 2008 | Fall 2008 | Winter 2009 |
| _____ | _____ | _____ |
| Spring 2009 | _____ | Summer 2009 |
| 12. I am (check one of the four boxes below): (See instructions) | | |
| <input type="checkbox"/> A veteran who is serving or has served honorably in the U.S. armed forces at any time on or after September 11, 2001 <input type="checkbox"/> A non-veteran who served honorably in the Minnesota National Guard (or any other active or reserve component of the U.S. armed forces) for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001 <input type="checkbox"/> A surviving spouse <input type="checkbox"/> or dependent <input type="checkbox"/> of a person who has served in the military at any time on or after September 11, 2001, 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. PROVIDE COPY OF SERVICE PERSON'S DD-214 AND ANY DOCUMENTATION TO FINANCIAL AID OFFICE IN SUPPORT OF ITEM CHECKED IN THIS BOX | | |
| 13. Dates of military service for service person: 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 person still serving? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 18. If no, did the service person receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Have you received Minnesota GI Bill funds at another college during this fiscal year (July 1, 2008 to June 30, 2009)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which college? _____ | | 20. List the monthly amounts of all types of federal veterans benefits you receive or expect to receive: Montgomery GI Bill (Chapter 30, 1606, 1607): \$ _____ month Montgomery GI Bill Kicker: \$ _____ month Federal Vocational Rehabilitation stipend: \$ _____ month Other federal Veteran's benefits: _____ Other federal benefit amount: \$ _____ month |
| 21. Will you apply for Active Duty, National Guard or Reserve Federal Tuition Assistance Program or Continuing Education Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| STUDENT CERTIFICATION: Please check the box next to each statement indicating that you understand the 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 and the Office of Higher Education to verify the information provided on this application with other offices administering veteran's benefits programs. <input type="checkbox"/> I give permission to my college and the Office of Higher Education 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) |

Minnesota GI Bill Program Application Instructions

Read instructions before completing application. Incomplete applications will not be processed.

Step 1: Student completes the application once each year and submits application to the financial aid office.

Step 2: Student completes the Free Application for Federal Student Aid (FAFSA).

Step 3: School financial aid office determines the MN GI Bill benefit amount and notifies eligible students.

Step 4: If any of the federal veteran's benefits reported on the application change, the applicant must notify their school.

The MN GI Bill benefit amount is calculated by subtracting the student's Federal Pell Grant, MN State Grant and other federal veteran's benefits from the calculation budget. The maximum benefit amount for an undergraduate student registered for 12 credits or more is \$1,000 per term. The maximum benefit amount for an undergraduate student registered for 11 credits or less is \$500 per term. Graduate students considered full time by their institution are eligible for a maximum of \$1000 and graduate students considered part time by their institution are eligible for a maximum of \$500 per term. The maximum benefit amount per fiscal year – July 1 through June 30 – is \$3,000, up to a lifetime maximum benefit of \$10,000. The amount of the budget used to calculate the award will be reduced according to the number of credits for which the student is registered.

The student must: 1) be a current Minnesota resident for state financial aid programs; 2) apply before the last day of the term for which benefits are requested; 3) be less than 62 years old before the beginning of the term for which benefits are requested; 4) be current on child support obligations, if applicable; 5) be enrolled in an eligible MN postsecondary institution in a certificate, diploma, or degree program; and 6) be making satisfactory academic progress in their academic program.

APPLICATION QUESTIONS

Question #8 – A Minnesota resident is:

1. a student who has resided in Minnesota for purposes other than Postsecondary education for at least 12 consecutive months without being enrolled at a postsecondary institution for more than five credits in any term; or
2. a dependent student whose parent or legal guardian resided in Minnesota at the time the 2008-2009 FAFSA was completed; or
3. a student who graduated from a Minnesota high school, if the student was a resident of Minnesota during the student's period of attendance at the Minnesota high school; or
4. a student who, after residing in the State of Minnesota for a minimum of one year, earned a high school equivalency certificate in Minnesota; or
5. an independent student who was granted residency as a dependent and has not since left the State of Minnesota; or
6. a student who is a member (or spouse/dependent of a member) of the armed forces of the United States stationed in Minnesota on active federal military service as defined in section 190.05, subdivision 5c; or
7. a student (or spouse of) who relocated to Minnesota from an area that is declared a presidential disaster area within 12 months of the disaster declaration, if the disaster interrupted the person's Postsecondary education; or
8. a student defined as a refugee under United States Code, title 8, section 1101(a)(42) who, upon arrival in the United States, moved to Minnesota and has continued to reside in Minnesota; or
9. a spouse or dependent of a veteran, as defined in section 197.447, if the veteran is a Minnesota resident.

Question #12 – In order to be eligible a student must meet one of the following three definitions:

1. A **veteran** who is serving or has served honorably in the U.S. armed forces at any time on or after September 11, 2001 and is a:
 - Service member who was discharged under honorable conditions after serving on active duty for 181 consecutive days or was discharged under honorable conditions due to a disability incurred while on active duty; or
 - Service member who has served on active duty for 90 days or more in a foreign country during a 'time of hostilities' or received a service related medical discharge during any period of service in a foreign country during a 'time of hostilities'; or
 - Service member who has been awarded any of the following medals: (i) Armed Forces Expeditionary Medal; (ii) Kosovo Campaign Medal; (iii) Afghanistan Campaign Medal; (iv) Iraq Campaign Medal; (v) Global War on Terrorism Expeditionary Medal; (vi) any other campaign medal authorized for service after September 11, 2001;
2. A **non-veteran** who served honorably in the Minnesota National Guard (or any other active or reserve component of the U.S. armed forces) for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001
3. A **surviving spouse or dependent** of a person who has served in the military at any time on or after September 11, 2001, 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.

STUDENT CERTIFICATION

Check each box to show you have read the box then sign and date the application. Give the application to the postsecondary institution you attend or plan to attend. The institution will notify you of your eligibility.

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.