

DEPARTMENT OF MILITARY AFFAIRS  
MINNESOTA NATIONAL GUARD  
20 WEST 12<sup>TH</sup> STREET  
St. Paul, MN 55155-2098

MN National Guard Circular 621-5-1

1 July 2010

Military Personnel

MINNESOTA NATIONAL GUARD STATE INCENTIVE PROGRAMS

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**Summary:** This circular supersedes Minnesota National Guard Circular 621-5-1, dated 1 July 2009 with changes and is in effect until June 30, 2011, unless superseded. It provides information and describes procedures for administering the Minnesota State Incentive Programs.

**Applicability:** This circular is applicable to all Minnesota Army & Air National Guard Units/Organizations.

**Proponent and Exception Authority:** The proponent of this circular is the Joint Force Headquarters – J1 (Manpower & Personnel). The proponent has the authority to approve exceptions to this circular that are consistent with controlling laws and regulations.

**Interim Changes:** Interim changes to this circular are not official unless authenticated by the NGMN-PEA-Z. This circular becomes obsolete on the expiration date shown above, unless sooner rescinded or amended.

## SUMMARY OF CHANGES

### Chapter 1, Overview

- Recoupment details are explained in each chapter for each program.
- Satisfactory participant rules are clarified to include current APFT/Ht/Wt compliance

### Chapter 2, State Tuition Reimbursement Program

- STR will reimburse up to 100% of the tuition charged, with maximum yearly benefit of \$7,500.00 per fiscal year (01 JUL through 31 JUN).
- STR is limited to funding no more than one degree per Service Member at each of the following levels (one certification program, one Associate Degree, one Baccalaureate (undergraduate) Degree, one Master's or first Professional Degree, one Doctorate Degree)
- Maximum reimbursement for Quarter Hours is 2/3rds the Semester Hour rate at the U of M.
- STR Option for Spouses is limited to the Service Members in the following pay grades: E-6, E-7, O-2 and O-3.
- Eligibility requirements for Special Branch Direct Commissioned Officers are defined.
- Exam Prep Courses are not authorized for STR.
- Army National Guard Enlisted Service Members **MUST** apply for Federal Tuition Assistance (FTA) (Traditional M-Day Enlisted Service Members) /Army Continuing Education System (ACES) Tuition Assistance (AGR Enlisted Service Members) in order to be eligible to use STR.
- Federal Benefits which directly pay tuition costs are clarified.
- STR Obligation request must be submitted NO LATER THAN 45 days after the course/term start date.
- Service Members who are unable to submit the MOU, Obligation Request or Payment request within the time required due to attendance at a military school must submit the required paperwork NO LATER THAN 45 days after the military school end date.
- Service Members must be in good standing IAW paragraph 1-7 on the course/term end date for which they are seeking reimbursement.

### Chapter 3, Tuition Reimbursement - Survivor Benefit

- Maximum yearly benefit is \$7500.00 per fiscal year (01 JUL through 31 JUN).
- Maximum reimbursement for Quarter Hours is 2/3rds the Semester Hour rate at the U of M.
- Exam prep courses are not authorized for STR – Survivor Benefit.
- Obligation request must be submitted NO LATER THAN 45 days after the course/term start date.

### Chapter 4, Medical Professional Student Tuition Reimbursement

- AMEDD Student Recruiter (ASR) participants are limited to the STR IAW Chapter 2.

- Service Obligation is re-defined.
- Total Allocations for Med Professional STR is 10 Med/Dental Students and 3 PA students for ARNG; and no change for ANG.

#### Chapter 5, State Commissioning Bonus

- State Commissioning Bonus is rescinded

#### Chapter 6, State Reenlistment Bonus

- Eligibility rules clarified
- Initial Payment of \$1000 will be made on the anniversary date of ETS **AFTER** the first year of the reenlistment is complete. Subsequent payments of \$1000 will be made once a year during the Service Member's anniversary month.
- Termination with Recoupment rules is clarified.
- Termination without Recoupment rules is clarified.
- Accelerated Completion of Bonus Contract rules are added.

#### Chapter 7, Medic Recertification Bonus Program

- Medic bonus is payable in split disbursement of \$500 each year. Payment is made at end of each year of satisfactory service.
- Service Members agree to serve for a period of two years starting the day after NREMT recertification.
- Service Member's whose NREMT certification has expired is not eligible for the Medic bonus for a period of two years.
- Termination without Recoupment rules is clarified.
- Accelerated Completion of Bonus Contract rules are added.

#### ANNEXES

- All Annexes herein must be utilized after 01 JUL 2010. Previous Annexes are obsolete.
- Annex E is for former MNNG Service Members who meet the STR eligibility criteria outlined in Chapter 2-2, b.
- Annex F is for individuals who meet the Survivor STR eligibility criteria outlined in CH 3.

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## CHAPTER 1

### OVERVIEW

1-1. **GENERAL.** The Minnesota Legislature enacted legislation that provides funds for State Incentive Programs for members of the Minnesota National Guard. This circular describes the eligibility criteria and procedures for administering the Minnesota State Incentive Programs effective from 1 July 2010 through 30 June 2011 unless sooner rescinded or amended.

#### 1-2. REFERENCES.

- (1) Minnesota Statute 192.501, Financial Incentives for National Guard members.
- (2) Minnesota Statute 190.03, Laws to Conform to United States Regulations.
- (3) Department of Defense Financial Management Regulation.

#### 1-3. PURPOSE.

a. The purpose of the State Incentive Programs are to:

- (1) Encourage the recruitment of qualified prior and non-prior Service Members for the Minnesota National Guard.
- (2) Encourage members currently assigned to the Inactive National Guard (ING) or Individual Ready Reserve (IRR) to reaffiliate with the Minnesota National Guard.
- (3) Encourage current Minnesota National Guard members to extend their enlistment agreements.
- (4) Improve the qualifications of Minnesota National Guard members through higher education.
- (5) Reward eligible Minnesota National Guard members for their willingness to serve the needs of the State of Minnesota when ordered by the Governor and the President of the United States, in support of world-wide operational requirements.

b. The purpose of this circular is to establish policy to administer the State Incentive Programs.

#### 1-4. RESPONSIBILITIES.

a. **The Adjutant General.** The Adjutant General is responsible for overall policies, guidance, administration, implementation and proper utilization of the Minnesota State Incentives Program.

b. **The Joint Force Headquarters – J1.** The JFHQ-J1 is charged with the administration of the programs for the Adjutant General and is the official designee of the Adjutant General for such purposes.

c. **Recruiting and Retention Battalion.** The Recruiting and Retention Battalion is responsible to promote recruiting and retention utilizing the incentives offered by the Minnesota State Incentive Program.

d. **State Incentives Committee.** The State Incentives Committee is responsible for formulating policy contained within this circular. The committee members are as follows:

- (1) Joint Force Headquarters - J1
- (2) Division Chief, Army Personnel
- (3) Division Chief, Air Personnel
- (4) State Command Sergeant Major
- (5) State Resource Management Representative
- (6) 34<sup>th</sup> Infantry Division Representative
- (7) 84<sup>th</sup> Troop Command Representative
- (8) 347<sup>th</sup> Regional Support Group Representative
- (9) 133<sup>rd</sup> Airlift Wing Representative

- (10) 148<sup>th</sup> Fighter Wing Representative
- (11) Army Recruiting and Retention Manager
- (12) Air Recruiting and Retention Superintendent
- (13) Education Services Officer
- (14) Education Section Chief
- (15) State Incentives Program Administrators, Recorders

e. **National Guard Commanders.** Commanders at all levels are responsible for keeping members of their commands informed of the State Incentive Programs. They must continue to monitor eligibility of those members who are receiving state incentives.

f. **National Guard Members.** National Guard Members (both Army and Air National Guard) are responsible to apply for the incentives for which they are eligible according to the policies within this circular.

g. **Army AMEDD Recruiter and ANG Retention Manager.** Provides list of student officers eligible for benefits outlined in Chapter 4.

1-5. **FUNDING.** The funding available for the State Incentive Programs is limited by the appropriations set by the State Legislature. These programs will continue as long as funds are available.

1-6. **STATE FISCAL YEAR.** The state fiscal year begins on 1 July 2010 and ends on 30 June 2011.

1-7. **SATISFACTORY PARTICIPANT.** A satisfactory participant of the Minnesota National Guard is defined as a member who meets the following criteria:

- a. Is an active drilling member of his/her unit of assignment or attachment.
- b. Has no period of absent without leave (AWOL)/unsatisfactory participation within the last 12 months for each individual Service Member.
- c. Has no more than four (4) periods of excused absence within the last 12 months for each individual Service Member.
- d. Is currently deployable as per criteria required for his/her current duty position. If not deployable, must be making diligent and measurable progress towards becoming deployable, or be awaiting a Fit-for-Duty (FFD) determination by a Medical Review Board.
- e. Is not under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy.
- f. Is compliant with APFT (Army), Physical Fitness Test (Air), Ht/Wt standards (Army/Air) for the current fiscal year.

1-8. **RECOUPMENT.**

- a. Funds paid under the State Incentive Programs may be recouped from those individuals who fail to serve satisfactorily in the Minnesota National Guard, as defined by the Adjutant General in paragraph 1-7.
- b. Further details regarding recoupment procedures are explained within the chapter applicable to each program.

1-9. **EXCEPTIONS TO POLICY.** When extenuating circumstances exist, a request for exception to policy may be initiated in writing by the member and endorsed by his/her chain of command to the Education Services Office, NGMN-PEA-E. The request must clearly explain the circumstances that may merit an exception to policy. Some examples may include deployment delays or issues, State Active Duty issues, military training conflicts that result in missed suspension's or delays, or medical issues that disrupt civilian education.

**CHAPTER 2****MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM**

2-1. **GENERAL.** The State of Minnesota sponsors the State Tuition Reimbursement Program (STR). The State Legislature appropriates the funding for the program biennially. If, in the future, the legislature does not fund the 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.

2-2. **ELIGIBILITY.** The STR program is available to the following individuals, in addition to those covered under Chapters 3 & 4:

a. Current members of the Minnesota National Guard who:

(1) Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7.

(2) Have successfully completed Basic Training (BT), Basic Military Training (BMT), ROTC Leadership Training Course; or be a Special Branch Direct Commissioned Officer (AMEDD, Chaplain, JAG Corps). Service Members are eligible for reimbursement effective the date of enlistment, but will not be processed for reimbursement until completion of BT or BMT. Officers are authorized reimbursement if otherwise eligible regardless of military education completion date.

(3) Are between the ranks of E-1 through O-5 (to include Warrant Officers). Officers promoted to the grade of O-6 during the school term are eligible to use the STR Program until the end of that term.

b. Former members of the Minnesota National Guard who:

(1) ..."Have satisfactorily completed their service contract in the Minnesota National Guard or the portions of it involving selective reserve status, for which any part of that service was spent serving honorably in federal active service (Title 10 orders) or federally funded state active duty since September 11, 2001. In these cases, the person's eligibility is extended for a period of two years (2), plus an amount of time equal to the duration of that person's active service."... (MN Statute 192.501) Eligibility effective date is 04 JUN 05.

(2) Have served honorably in the Minnesota National Guard and have been separated or discharged due to a service-connected injury, disease, or illness. In these cases, the person's eligibility is extended for eight (8) years beyond the date of separation. Eligibility effective date is 04 JUN 05.

2-3. **RATE OF REIMBURSEMENT.** The Minnesota National Guard will reimburse up to 100% of the tuition charged, not to exceed the maximum of \$7,500 per year, for eligible coursework (undergraduate and graduate) at post-secondary institutions.

a. 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. U of M undergraduate rate for the current academic year is found at [http://onestop.umn.edu/finances/costs\\_and\\_tuition/index.html](http://onestop.umn.edu/finances/costs_and_tuition/index.html).

b. The total amount of STR each Service Member can receive will **NOT EXCEED** \$7,500.00 per fiscal year (01 JUL 10 through 30 JUN 11).

2-4. **AUTHORIZED USES.** STR is limited to funding no more than one degree for each of the following levels (within the limitations of Para 2-6):

a. One Certification Program funded per Service Member

b. Associate Degree

c. Baccalaureate (undergraduate) Degree



d. Master's or first Professional Degree

e. Doctorate Degree

## 2-5. **COURSE REQUIREMENTS.**

a. Reimbursement is authorized for:

(1) Courses taken at an accredited post secondary educational institution, certification programs approved for veteran's benefits, or courses eligible for placement on a transcript from the post secondary educational institution.

(2) Undergraduate courses completed with a grade of "C" or higher, or graduate courses completed with a grade of "B" or higher.

(3) Courses a student is currently attending at the time of enlistment into the MNNG.

(4) Courses which end prior to the Service Members End of Term of Service (ETS) date; unless the Service Member qualifies under paragraph 2-2 b.

b. Reimbursement is not authorized for:

(1) Courses that were not completed.

(2) Exam Prep Courses (e.g., GRE, GMAT).

(3) Courses that earn Continuing Education Units (CEUs – may be paid thru other funding sources).

(4) Activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

c. If a student receives a tuition waiver (no tuition paid by the student or the fee statement indicates no tuition charges), reimbursement is not authorized. Examples include: 1) high school students who attempt post-secondary coursework, where the courses are paid for by the high school, school district, or state; 2) college students who have no cost incurred for tuition costs.

2-6. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under the STR Program is funding for 208 quarter/144 semester credits.

## 2-7. **GUIDELINES.**

a. Tuition reimbursement is paid upon successful completion of coursework.

b. A member must request tuition reimbursement no later than 90 days from the last official day of the course/term.

c. The student's final fee statement dated after course completion and provided by the institution is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the Service Member must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution. The final fee statement must include all other benefits paid directly to the institution, or that are pending payment. These include:

(1) Federal Tuition Assistance.

(2) Army Continuing Education System (ACES) Tuition Assistance.

(3) Chapter 33/Post 9-11 GI Bill. The Chapter 33/Post 9-11 GI Bill is the only GI Bill that must be claimed on the STR Payment request.

(4) ROTC Scholarship. All ROTC Tuition Scholarships must be reported. Do not report Room and Board or Stipends.

## 2-8. ADDITIONAL SOURCES OF FUNDING.

a. Enlisted (Traditional, M-Day) Soldiers of the MN Army National Guard **MUST** apply for Federal Tuition Assistance (FTA) in order to be eligible to use STR. AGR Enlisted Soldiers **MUST** apply for Army Continuing Education System (ACES) Tuition Assistance in order to be eligible to use STR.

b. Members receiving Federal Benefits which pay tuition costs directly to the institution are eligible to receive funds under the STR program. The combination of Federal Benefits and STR cannot exceed 100% of the tuition costs.

c. Tuition reimbursement received under this policy may not be considered in determining a person's eligibility for a scholarship or grant-in-aid by the Minnesota Higher Education Service Office or by any other state board, commission, or entity.

## 2-9. APPLICATION PROCEDURES.

### a. Service Member's Responsibilities:

(1) Annually read and sign the Memorandum of Understanding (MOU) (Annex A-1). This memorandum specifically outlines the member's responsibility for obtaining reimbursement under the STR Program. Submit the signed MOU to the unit. Service Member does not forward the MOU directly to the Education Service Office(ESO).

(2) Complete an Annual Obligation Request (Annex A-2). Service Members must submit the completed Annual Obligation Request form to the unit **NO LATER THAN 45 days** after their course/term start date. Failure to obligate later than 45 days after the course/term start date will result in non-payment. Service Members who enlist into the MN National Guard during a school term must submit the Annual Obligation Request immediately upon enlistment. The annual obligation is an estimate of tuition costs for each term during the school year. The actual amount of reimbursement is dependent on the cost of tuition and the number of credits completed. The current school year is Summer Session II 2010 through Summer Session I 2011.

(3) Service Members must submit the following forms and supporting documents to the unit in sufficient time for the reimbursement request to be entered into the payment request system **no later than 90 days** from the last official day of the course/term. See paragraph 2-10 for information on incomplete coursework or late requests for reimbursement. Service Members 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. Forms for reimbursement:

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

(b) Grade Report. Reports downloaded from the Internet are acceptable.

(c) Final fee statement must, 1) clearly show the amount of tuition charged; 2) be dated after course completion and 3) be provided by the institution.

(d) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for Electronic Funds Transfer (EFT) (Annex D-1).

(e) The ESO only requires the Direct Deposit form on the initial STR submission, unless there are changes in a Service Member's bank or bank account information.

(4) Service Members who are unable to submit an MOU, Obligation Request form or Payment request form in the time required due to attendance at a military school (BCT, AIT, NCOES, OES, etc) must submit the

required paperwork no later than 45 days after the military school end date. Units should add justification of school attendance in the remarks block in the State Database if this situation occurs.

b. Unit Responsibilities:

(1) Execute Memorandum of Understanding. Ensure Service Member reads and signs the MOU annually. Provide the member with a copy and maintain a copy in the Service Member's education file. NOTE: The MOU should not be forwarded to the ESO.

(2) Service Members must turn in their obligation form to the unit NO LATER THAN 45 days after their course/term start date. Units must ensure all Service Members using STR turn in their forms, and must enter each annual obligation into the web-based STR program within timeframes specified. File Annual Obligation Forms at the unit after entering into STR database.

(3) Enter payment requests into the system immediately upon receipt from the Service Member. All requests for reimbursement must be submitted NO LATER THAN 90 days from the last day of the course/ term. Prior to submitting, the unit must perform a quality review of the Payment Request form (Annex A-3) to ensure the following:

(a) It is complete and clearly shows amount of tuition charged.

(b) Clearly shows the amount of Federal Benefits which pay tuition costs directly to institution.

(c) Verify that the Service Member has completed Basic Training/ROTC Leadership Training Course. If the Service Member has not completed Basic Training/ROTC Leadership Training Course, click on "no" in the state database and fill in an estimated completion date. Upon completion of basic training/ROTC Leadership Training Course, the unit must change the status to "yes". This will transfer the Service Member's request into the STR manager's active payment screen in the database.

(d) Verify that the Service Member is in good standing IAW paragraph 1-7 on the course/term end date. If they are not in good standing, return the request to the Service Member without action and explain that they have failed to meet the required standards for payment for that course/term. Unit will notify the STR manager that the Service Member is not eligible for payment for that course/term so that funds can be de-obligated.

(4) Upload payment request form, final fee statement and grade report into the STR Database.

(5) Communicate with the ESO to facilitate the administration of the tuition reimbursement program.

c. ESO Responsibilities:

(1) The ESO allocates funds according to the Annual Obligation Requests received.

(2) Processes payment requests.

(a) Verifies all information is correct; this may include contacting the student's school.

(b) Calculates the actual amount of reimbursement.

(3) Suspends payment for Service Members who have not completed basic training/ROTC Leadership Training Course until notification that the training is complete. Process for payment upon notification of completion with a retroactive date of eligibility for payment.

(4) Denies payment on Requests for Reimbursement that arrived at the ESO in excess of 90 days after the last official day of the course/ term, payment requests that arrive incomplete or requests for those not compliant with para 1-7.

**2-10. INCOMPLETE COURSEWORK AND LATE REQUESTS.****a. Incomplete Coursework:**

(1) If the student has an incomplete course, the unit should still request payment for other completed classes for that course/term within the 90 day suspense. Once the student has finished the incomplete class(es), units should request payment for those courses on a new, separate payment request form. The ESO will reimburse for made up coursework, provided an annual obligation was submitted and funds are available.

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

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

(c) Units must retain a copy of the initial Request for Payment form and later validate that the incomplete coursework that is now finished matches the initial Request for Payment form.

(2) Upon completion of the coursework, complete a new Payment Request Form (Annex A-3), requesting reimbursement for only the courses that were originally incomplete but are now complete. Provide this request along with a grade report showing satisfactory completion.

**2-11. TUITION REIMBURSEMENT OPTION FOR SPOUSES.**

a. Service Members who meet the following criteria may opt to have their Spouse use a portion of their remaining balance of their STR:

(1) Are in the pay grade of E-6, E-7, O-2, or O-3. Spouses of Service Members who are promoted to higher pay grades not listed during the semester are eligible to use STR until the end of that course/term.

(2) Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7.

(3) Have served at least 8 years of (active-drilling, non-ING) service in the Minnesota National Guard.

b. Annual Cap. Spouses may use up to 12 semester/17 quarter credits annually, not to exceed the sponsoring Service Member's lifetime benefit of 144 semester/208 quarter credits.

c. Payment Procedures will remain the same as for the Service Member, and all payments will be direct deposited into the sponsoring Service Member's bank account.

d. Rates of reimbursement will be paid in accordance with paragraph 2-3. Spouse tuition reimbursement is counted towards the Service Member's maximum yearly benefit of \$7,500.00.

**2-12. TERMINATION.** The submission of a falsified grade report, transcript, final fee statement, Payment Request form (Annex A-3) or an attempt to receive funds to which a member is not due will result in the termination from the STR Program for a minimum of one year. Any STR funds received utilizing a falsified grade report, transcript, or final fee statement will be recouped from the Service Member.

**2-13. RECOUPMENT.** Service Members are subject to recoupment of STR funds if they fail to report other Federal Funds which directly pay tuition costs to their educational institution (e.g. FTA, CH 33 Post 9-11 GI Bill, ROTC Tuition Scholarship). You can still co-use benefits up to 100% tuition costs, with STR being the last payment source.

**CHAPTER 3****TUITION REIMBURSEMENT - SURVIVOR ENTITLEMENT**

3-1. **GENERAL.** If a member of the Minnesota National Guard is killed while performing military duty, his or her surviving spouse and/or surviving dependents (to include biological children of the deceased born within 10 months after the member's death), become eligible for the State Tuition Reimbursement (STR) program.

3-2. **SCOPE.** This entitlement covers accident-related deaths that occur within the scope of a Service Member's assigned duties, while in a federal duty status or on state active service, as defined in Minnesota Statutes section 190.05. This entitlement also covers accidental death that occurs while traveling to or from the Service Member's home of record and place of duty for drill attendance or while serving in the line of duty.

3-3. **ELIGIBILITY.**

- a. The surviving spouse is eligible regardless of remarriage.
- b. Surviving dependents are eligible until their 24<sup>th</sup> birthday.
- c. Surviving spouse and eligible dependent(s) will remain eligible even if they move out of state and become a non-Minnesota resident.

3-4. **PROCEDURES.**

- a. The Office of the Adjutant General will issue a Letter of Eligibility that outlines the Tuition Reimbursement entitlement. The Education Services Office (ESO) will forward the letter to the surviving spouse; or if no spouse, to the oldest adult dependent; or the guardian of minor children. The letter will indicate eligible dependent recipient(s) and must include the following information: full name, dependent status, date of birth, and social security number.
- b. The Minnesota National Guard ESO will manage this benefit program and maintain files for all Letters of Eligibility issued.

3-5. **GUIDELINES.**

a. **REIMBURSEMENT RULES.** The Minnesota National Guard will reimburse up to 100% of the tuition charged for eligible coursework (undergraduate and graduate) at post-secondary institutions.

(1) 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. U of M undergraduate rate for the current academic year is found at [http://onestop.umn.edu/finances/costs\\_and\\_tuition/index.html](http://onestop.umn.edu/finances/costs_and_tuition/index.html).

(2) The total amount of STR each student can receive will **NOT EXCEED** \$7,500.00 per fiscal year (01 JUL 10 through 30 JUN 11).

(3) If a student receives a tuition waiver (no tuition paid by the student or the fee statement indicates no tuition charges), reimbursement is not authorized. Examples include: 1) high school students who attempt post-secondary coursework, where the courses are paid for by the high school, school district, or state; 2) college students who have no cost incurred for tuition.

**b. COURSE REQUIREMENTS.**

(1) Reimbursement is authorized for:

(a) 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.

(b) Undergraduate courses completed with a grade of "C" or higher, or graduate courses completed with a grade of "B" or higher.

(2) Reimbursement is not authorized for:

(a) Courses that were not completed.

(b) Exam Prep Courses – (e.g. GRE, GMAT).

(c) Courses that earn Continuing Education Units (CEUs).

(d) Activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

c. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under the State Tuition Reimbursement Program is funding for 144 semester /208 quarter credits.

**d. ADMINISTRATION.**

(1) Tuition reimbursement is paid upon successful completion of coursework.

(2) A student must request tuition reimbursement no later than 90 days from the last official day of the course/term.

(3) The student's fee statement is the source document for determining the amount of reimbursement. If the fee statement does not clearly show the amount of tuition charged, the student must obtain a letter from the institution that states the amount of tuition charged and a point of contact at the institution.

**3-6. PAYMENT PROCEDURES.**

a. Memorandum of Understanding Form (MOU) (Annex F-1).

(1) This memorandum specifically outlines the student's responsibility for obtaining reimbursement under the Minnesota STR Program.

(2) Annually carefully read, sign and submit the MOU to the ESO.

b. Annual Obligation Request.

(1) Complete the Annual Survivor Obligation Request (Annex F-2) (Contact the ESO for applicable form at [education@us.army.mil](mailto:education@us.army.mil)). Submit form to the ESO NO LATER THAN 45 days after the course/term start date.

(2) The annual obligation is an estimate of tuition costs for each term during the entire school year. The actual amount of reimbursement is dependent on the actual cost of tuition and the number of credits successfully completed. The current school year is Summer Session II 2010 through Summer Session I 2011.

c. Request for Reimbursement.

(1) Students must submit the following forms and supporting documents to the ESO NO LATER THAN 90 days after the last official day of the term.

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

(b) Grade Report. Reports downloaded from the internet are acceptable.

(c) Final fee statement that clearly shows the amount of tuition charged. If the fee statement does not clearly show the amount of tuition charged, the student must obtain a letter from the institution that states the amount of tuition charged and include a point of contact at the institution.

(d) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for Electric Funds Transfer (EFT) (Annex D-1).

(2) By signing this application, the student is verifying that all information is true and correct. It also authorizes the ESO to contact the school to verify course grades or other data.

### **3-7. INCOMPLETE COURSEWORK AND LATE REQUESTS.**

#### **a. Incomplete Coursework:**

(1) If the student has an incomplete course, they should still request payment for other completed classes for that course/term within the 90 day suspense. Once the student has finished the incomplete class(es), they should request payment for those courses on a new, separate payment request form. The ESO will reimburse for made up coursework, provided an annual obligation was submitted and funds are available.

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

(b) Student must submit initial request for reimbursement, along with fee statement and grades to the ESO within 90 days.

(2) Upon completion of the coursework, complete a new Payment Request Form (Annex A-3), requesting reimbursement for only the courses that were originally incomplete but are now complete. Provide this request along with a grade report showing satisfactory completion.

### **3-8. TERMINATION.**

a. The submission of a falsified grade report, transcript or final fee statement, Annex F-3 or an attempt to receive funds to which a student is not due will result in the termination from the STR Program for a minimum of one year. Any STR funds received utilizing a falsified grade report, transcript, or final fee statement will be recouped from the student.

b. The ESO will terminate the entitlement for the surviving dependents on the dependent's 24<sup>th</sup> birthday. The dependent will be paid for the term during which he/she turns 24.

### **3-9. RECOUPMENT.**

**Participants using the Tuition Reimbursement Survivor Benefit are subject to recoupment of STR funds if they fail to report other Military Federal Funds which directly pay tuition costs to their educational institution (e.g. CH 33 Post 9-11 GI Bill). You can still co-use benefits up to 100% tuition costs, with STR being the last payment source.**

**CHAPTER 4****MEDICAL PROFESSIONAL STUDENT STATE TUITION REIMBURSEMENT**

4-1. **GENERAL.** To encourage currently accepted/enrolled medical, dental, and physician assistant (PA) students to accept a commission in the Minnesota National Guard during completion of graduate-level medical professional degrees.

4-2 **ELIGIBILITY.**

a. Army and Air Guard officers appointed as either medical /dental students or physician assistant students are eligible for this program. Yearly allocations are 10 medical or dental students and 5 physician assistant students for Army and 3 medical or dental students and 1 physician assistant student for Air. The combined number of National Guard participants enrolled in the program cannot exceed 19 Service Members. Participation in this program does not prohibit participation in either the Specialized Training Assistance program (STRAP) or the Healthcare Professional Loan Repayment (HPLR) Program. AMEDD Student Recruiter (ASR) participants are limited to State Tuition Reimbursement (STR) IAW Chapter 2 for payment rates and Time in Service obligations for those periods of undergraduate rate use.

b. To qualify for reimbursement under this program, officers must be:

(1) a satisfactory participant as defined in paragraph 1-7; and

(2) an AMEDD direct commissioned officer who is also a currently accepted/enrolled student in a medical or dental doctoral program (M.D., D.D.S., or D.M.D.) or a graduate-level PA program (MPAS).

4-3. **RATE OF REIMBURSEMENT.** This program reimburses up to 100 percent of tuition costs, not to exceed 100 percent of the tuition rate of the University of Minnesota (UMN) Medical School, Twin Cities campus, for the current academic year (found at [http://onestop.umn.edu/finances/costs\\_and\\_tuition/index.html](http://onestop.umn.edu/finances/costs_and_tuition/index.html)).

4-4. **MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under any State Tuition Reimbursement (STR) Program is funding for 144 semester /208 quarter credits.

4-5. **APPLICATION PROCEDURES.** Refer to paragraph 2-9.

4-6. **INCOMPLETE COURSEWORK AND LATE REQUESTS.** Refer to paragraph 2-10.

4-7. **SERVICE OBLIGATION AND RECOUPMENT.**

a. Dental and PA Officers who receive Medical Professional STR incur a contractual service obligation of one year for every year of use of the Medical Professional STR. The service obligation is effective the day after the course completion date for the last term of reimbursement use under the provisions of this chapter, typically their professional program graduation date. This is a four year service obligation for those using the Medical School Graduate rate. These officers must obtain licensure immediately after their school graduation as part of fulfilling their contractual service agreement for the use of the Medical Professional STR or may face recoupment actions. Dental student officers must reappoint to Dental Corps (DC), PA students must reappoint to Army Medical Specialist Corps (SP).

b. Medical Corps (MC) officers must complete a year of contractual service obligation for every year of Medical Professional STR use beginning after residency completion. The State Surgeon's office is responsible to direct the time in service obligations for those Service Members that utilized both undergraduate payment rates and Medical Professional STR in any combination during their medical school training.

c. The contractual service obligation for AMEDD officers runs concurrent with any other contractual service obligations. The officer must remain in an active status in the National Guard in order to satisfy this service obligation.



d. The officer is subject to prorated recoupment of Medical Professional STR if the officer fails to fulfill this service obligation.

e. Individuals who received tuition reimbursement prior to 1 July 2010 retain the service obligation in accordance with the policy in effect at that time.

**f. RECOUPMENT. Service Members are subject to recoupment of STR funds if they fail to report other Federal Funds which directly pay tuition costs to their educational institution (e.g. FTA, CH 33 Post 9-11 GI Bill, ROTC Tuition Scholarship). You can still co-use benefits up to 100% tuition costs, with STR being the last payment source.**

**CHAPTER 5**

**STATE COMMISSIONING BONUS**

5-1. **GENERAL.** The State Commissioning Bonus is rescinded for FY 2011 (01 July 2010 through 30 June 2011).

**CHAPTER 6****STATE REENLISTMENT BONUS**

6-1. **GENERAL.** The Adjutant General has authorized a \$1,000 State Reenlistment Bonus (SRB) for each year of reenlistment (to a maximum of \$5,000 if subsequent reenlistments) for Service Members in the Minnesota National Guard.

6-2. **ELIGIBILITY.** Service Members must have completed six (6) years total time in service (TIS) creditable for retirement and must have twelve (12) or less years of service creditable for retirement to meet eligibility requirements on current Expiration Term of Service (ETS) date. Source verifying documents are the NGB Form 23B (RPAM) or ANG PCARS forms. Individual Ready Reserve (IRR) and Inactive National Guard (ING) time is not considered creditable time for retirement for this purpose. The reenlisting authority or unit rep must verify TIS SRB eligibility on the day of reenlistment before contracting.

- a. Meet Minnesota National Guard reenlistment eligibility criteria.
- b. Be placed in the primary MOS/AFSC and be qualified in that MOS/AFSC. Service members must also be the grade of the assigned position or one grade below the required grade of the position to be eligible.
- c. Must have been a satisfactory participant during the 3 months prior to the date of their reenlistment.
- d. Reenlist for three or six year periods.
- e. Service Members that receive a federal reenlistment bonus that is less in dollar amount compared to the SRB for the same time in service commitment are authorized only the difference in the amount from the SRB and what is authorized for payment by the Federal Bonus, (e.g. if you have a \$2,500 3-year Federal Bonus contract, you are authorized to receive \$500.00 for a 3-year SRB contract). This is "differential SRB pay".
- f. Service Members that receive a federal reenlistment bonus are not authorized entitlement to a SRB if the amount of the federal reenlistment bonus is equivalent or greater than the SRB amount for the same contractual period.
- g. Permanent fulltime members of the Minnesota National Guard (AGR and Technicians) are NOT eligible for the State Reenlistment Bonus.

**6-3. PAYMENT PROCEDURES.**

a. Initial payment of \$1,000 will be made on the anniversary date of ETS after the first year of the reenlistment is complete. Additional payments of \$1,000 will be made once a year during the Service Member's anniversary month until the \$5,000 per member limit is met. The Service Member is required to complete a state direct deposit form as all bonus payments will be paid via direct deposit (Annex D-1).

(1) Army National Guard: The Unit Retention Manager is responsible for forwarding the Reenlistment Bonus Contract, Addendum (Annex B-1) and a completed State of Minnesota direct deposit form to the Education Services Office (ESO) so the member's payment can be processed.

(2) Air National Guard: The Base Retention Manager is responsible for forwarding the Reenlistment Bonus Contract, Addendum (Annex B-1) and a completed State of Minnesota direct deposit form to the ESO so the member's payment can be processed.

- b. Accountability. The ESO monitors payments made and tracks future payments.

6-4. **TAXES.** Taxes are not withheld from the payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Service Members will receive Form 1099R (Miscellaneous Income) for claiming income taxes.

**6-5. TERMINATION WITH RECOUPMENT.****a. Bonus will be terminated & recouped if the Service Member:****(1) Becomes an unsatisfactory participant by—**

(a) Accumulating more than four (4) or more excused absences within a 12-month period.

Recoupment will take effect on the date of the 5th excused absence.

(b) Accumulating 1 unexcused absence within a 12-month period. Recoupment will take effect on the date of the 1<sup>st</sup> unexcused absence.

(c) Failing to attend or complete Annual Training (AT) without Commander's approval.

Recoupment will take effect on the first day of annual training.

(d) Is not deployable as per criteria required for his/her current duty position, and, is not making diligent progress toward becoming deployable. Recoupment will take effect on the date of the non-deployability. Service Members that have undergone a medical process and are found fit for retention but are not allowed to deploy are exempt from recoupment.

(e) Is under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy. Recoupment will take effect on the date of suspension of favorable actions.

(f) Is not compliant with APFT (Army), Physical Fitness Test (Air), or Ht/Wt standards (Army/Air).

(2) Fails to extend enlistment for time served in the ING within 30 days after return to unit. Recoupment is required from the effective date of transfer to the ING.

(3) Exceed maximum time in the ING (one year). Recoupment is required from the date of transfer into the ING.

(4) Separates from the Minnesota National Guard and enters active duty in a U.S. Armed service or Reserve unit, Recoupment is required from date of separation.

(5) Separates from the Minnesota National Guard for any reason (*recoupment is required from date of separation*) unless due to death, injury, illness, or other impairment not the result of own misconduct.

b. Recoupment amount will be determined by multiplying the number of months served satisfactorily during the term for which the bonus was authorized by the proportionate monthly dollar amount. This amount is determined by dividing the total authorized bonus amounts by 12 months. The amount of the bonus the Service Member is entitled to retain will be subtracted from the total bonus paid to date. If calculations indicate an overpayment, that amount will be recouped. If calculations indicate that Service Member has earned more than he/she has received, he/she will be paid the difference in a final installment.

**c. Recoupment Matrix.**

EVENT	RECOUP	RECOUP FROM
Unsatisfactory Participant – 1 AWOL	Yes	Date of 1 <sup>st</sup> AWOL
Unsatisfactory Participant – more than 4 excused absences within a 12 month period	Yes	Date of 5 <sup>th</sup> Excused Absence
Unsatisfactory Participant for AT.	Yes	1 <sup>st</sup> day of AT
Fails to extend for time spent in ING.	Yes	Date transferred to ING
Under suspension of favorable actions/adverse administrative actions	Yes	Date of suspension/adverse action
Exceeds maximum time in ING.	Yes	Date transferred to ING
Not in compliance with current APFT/PT/Ht/Wt	Yes	Date of non-compliance
Separate from MNNG to Active Army or Reserve	Yes	Date of separation
Separate from MNNG for any reason.	Yes – See exceptions	Date of separation

**6-6 TERMINATION WITHOUT RECOUPMENT**

- a. Interstate Transfer. Service Members who Inter-State Transfer (IST) to another State National Guard unit will have their bonus terminated without recoupment. All subsequent payments scheduled will not be paid.
- b. Commissions/Appointments. Reenlistment bonuses will be terminated without recoupment upon commissioning/appointment into the Minnesota National Guard. All subsequent payments scheduled will not be paid.
- c. Discharge due to a Service Connected injury/illness. Service Members who are discharged from the MNNG due to a service-connected injury/illness that is determined not to be the result of the Service Member's own misconduct and the injury or illness occurred while not assigned to a designated combat zone or combat related operation will have their bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

**6-7. ACCELERATED COMPLETION OF BONUS CONTRACTS**

- a. Death. Service Members who die by a cause that is not the fault of their own negligent behavior or misconduct, will have any remaining bonus installments paid to the next of kin up to the maximum amount of their bonus entitlement.
- b. Separation due to injury/illness that is determined not to be the result of the Service Member's own misconduct and the injury/illness occurred while assigned to a designated combat zone or combat related operation. Any subsequent payments scheduled will be paid.

**6-8. UNIT RESPONSIBILITIES.** Unit Readiness or Administrative NCO needs to notify the ESO immediately upon the following:

- a. Service Member becomes an unsatisfactory participant by—
  - (1) Accumulating one (1) unexcused absence. Need to send date of the 1<sup>st</sup> unexcused absence.
  - (2) Accumulating more than four (4) excused absences within a 12-month period. Need to send date of 5th excused absence.
  - (3) Failing to attend or complete Annual Training (AT) without Commander approval. Need to send forward the date of the first day of annual training.
  - (4) Being under suspension of favorable actions or adverse administrative actions. Need to send forward the date of the suspension of favorable action/adverse administrative action.
  - (5) Not being in compliance with current APFT/PT; Ht/Wt standards. Need to send forward date of non-compliance. Unit needs to also send the updated flag removal once Service Members is compliant with standards.
  - (6) Becoming a commissioned officer or appointed Warrant Officer. Unit needs to forward the date of commission/appointment.
- b. Fails to extend enlistment for time served in the ING within 30 days after return to unit. Need to send forward the effective date of transfer to the ING.
- c. Exceed maximum time in the ING (one year). Need to send forward the date of transfer into the ING.
- d. Separates from the Minnesota National Guard and enter active duty in a U.S. Armed service or Reserve Unit. Need to send forward the date of separation.
- e. Separates from the Minnesota National Guard for any reason unless due to death, injury, illness, or other impairment not the result of own misconduct. Unit needs to send forward the date of separation.

**CHAPTER 7****MEDIC RECERTIFICATION BONUS PROGRAM**

7-1. **GENERAL.** The Adjutant General has authorized a \$1,000 bonus every two years payable in split disbursement of \$500 each year for the purpose of National Guard Medic recertification as a qualified EMT-B.

7-2. **ELIGIBILITY.** The Medic Recertification Bonus is authorized for current members of the Minnesota National Guard who:

- a. Are serving satisfactorily as defined by the Adjutant General in paragraph 1-7; and
- b. Have successfully completed Basic Training (BT) or Basic Military Training (BMT); and
- c. Have successfully completed a Medic MOS or AFSC producing advanced training; and
- d. Are currently serving in an authorized duty position that requires EMT-B certification (e.g. ARNG 68W's; and
- e. Have a current National Registry of Emergency Medical Technicians (NREMT) card.
- f. Agree to serve for a period of two years starting the day after NREMT recertification.
- g. Service Members whose NREMT certification has expired are not eligible for the Medic Bonus for a period of two years.

7.3. **PAYMENT PROCEDURES.**

- a. Initial Payment of \$500 will be paid one (1) year after NREMT recertification date. The subsequent payment of \$500 will be paid two (2) years after NREMT recertification date.
- b. Service Members provide signed Statement of Understanding Form to the Unit.
- c. Service Members provide a copy of their current National Registry of Emergency Medical Technicians (NREMT) card to the Unit.
- d. To request payment, the Unit will email the documents listed above to [Education@mn.ngb.army.mil](mailto:Education@mn.ngb.army.mil).
- e. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1).

7.4. **TAXES.** Taxes are not withheld from the payment. The bonus recipient is responsible to report this payment as income when completing federal and state tax returns. Service Members will receive a Form 1099R (Miscellaneous Income) for claiming income taxes.

7-5. **TERMINATION WITH RECOUPMENT.**

- a. Bonuses will be terminated with recoupment if the Service Member:
  - (1) Becomes an unsatisfactory participant by—
    - (a) Accumulating one (1) unexcused. Recoupment will take effect on the date of the 1<sup>st</sup> unexcused absence.
    - (b) Accumulating more than four (4) excused absences within a 12-month period. Recoupment will take effect on the date of the 5th excused absence.

(c) Failing to attend or complete Annual Training (AT) without Commander approval. Recoupment will take effect on the first day of annual training.

(d) Is not deployable as per criteria required for his/her current duty position, and, is not making diligent progress toward becoming deployable, or is awaiting a Fit-for-Duty (FFD) determination by a medical Review Board. Recoupment will take effect on the date of non-deployability. Service Members that have undergone a medical process and are found fit for retention but are not allowed to deploy are exempt from recoupment.

(e) Is under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy. Recoupment will take effect on the date of suspension of favorable actions.

(f) Is not compliant with APFT (Army), Physical Fitness Test (Air), Ht/Wt standards (Army/Air) .

(2) Separates from the Minnesota National Guard and enter active duty in a U.S. Armed service or Reserve Unit. Recoupment is required from date of separation.

(3) Separates from the Minnesota National Guard for any reason (*recoupment is required from date of separation*) unless due to death, injury, illness, or other impairment not the result of own misconduct. Service Members who die before receiving the full amount of the bonus due will have their bonus settled by issuing full payment to the next of kin.

b. Recoupment amount will be determined by multiplying the number of months served satisfactorily during the term for which the bonus was authorized by the proportionate monthly dollar amount. This amount is determined by dividing the total authorized bonus amount by 12 months. The amount of the bonus the Service Member is entitled to retain will be subtracted from the total bonus paid to date. If calculations indicate an overpayment that amount will be recouped. If calculations indicate that Service Member has earned more than he/she has received, he/she will be paid the difference in a final installment.

#### **7-6. TERMINATION WITHOUT RECOUPMENT.**

a. Service Members who Inter-State Transfer (IST) to another State National Guard unit will have their Medic Recertification bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

b. Service Members who are commissioned/appointed into officer/warrant officer corps of the Minnesota National Guard will have their Medic Recertification bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

c. Service Members who are discharged from the MNNG due to a service-connected injury/illness that is determined not to be the result of the Service Member's own misconduct and the injury or illness occurred while not assigned to a designated combat zone or combat related operation will have their bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

d. Service Member who re-classify into a non-medic MOS/AFSC will have their Medic Recertification bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

#### **7-7. ACCELERATED COMPLETION OF BONUS CONTRACTS**

a. Death. Service Members who die by a cause that is not the fault of their own negligent behavior or misconduct, will have any remaining bonus installments paid to the next of kin up to the maximum amount of their bonus entitlement.

b. Separation due to injury/illness that is determined not to be the result of the Service Member's own misconduct and the injury/illness occurred while assigned to a designated combat zone or combat related operation. Any subsequent payments scheduled will be paid.

7-8. **UNIT RESPONSIBILITIES.** Unit Readiness NCO needs to notify the Education Services Office (ESO) immediately upon the following:

a. Service Member becoming an unsatisfactory participant by—

(1) Accumulating one (1) unexcused absence. Need to send date of the 1<sup>st</sup> unexcused.

(2) Accumulating more than four (4) excused absences within a 12-month period. Need to send date of 5th excused absence.

(3) Failing to attend or complete Annual Training (AT) without Commander approval. Need to send forward the date of the first day of annual training.

(4) Being under suspension of favorable actions or adverse administrative actions. Need to send forward the date of the suspension of favorable action/adverse administrative action.

(5) Not being in compliance with current APFT/PT; Ht/Wt standards. Need to send forward date of non-compliance.

b. Service Member separates from the Minnesota National Guard and enters active duty in a U.S. Armed service or Reserve Unit. Need to send forward the date of separation.

c. Service Member separates from the Minnesota National Guard for any reason unless due to death, injury, illness, or other impairment not the result of own misconduct. Unit needs to send forward the date of separation.

**The proponent of the Minnesota National Guard Circular is the Joint Force Headquarters – J1. Users are invited to send comments, suggested improvements and changes on DA Form 2028 (Recommended Changes to Publications and Blank Forms). Send to: The Office of Adjutant General, Minnesota National Guard, ATTN: NGMN-PEA-Z, 20 12<sup>th</sup> Street West, St. Paul, MN 55155-2098.**

FOR THE ADJUTANT GENERAL:



GREGORY THINGVOLD  
LTC, AV, MNARNG  
J1 Manpower & Personnel

OFFICIAL:  
NGMN-PEA  
NGMN-PEA-E

DISTRIBUTION:  
A (Army)  
F (Air)



**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](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](http://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.

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Signature of Service Member

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Date

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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.

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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.

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Signature

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Date

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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

**STATE REENLISTMENT BONUS ADDENDUM  
MINNESOTA NATIONAL GUARD 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 Reenlistment Bonus (SRB) Program and to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To outline and confirm eligibility requirements for the SRB Program participation. This may be used 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 SRB Program.

**DISCLAIMER:** The funding available for the SRB 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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**B-1. GENERAL:** The unit should explain all procedures and entitlements of the SRB Program upon reenlisting. The reenlistment form, (e.g. DD Form 4, DA Form 4836 or Air Guard Extension Form), must be attached to this form, Annex B-1. A copy of both documents should be provided to the Service Member at the time of extension.

**B-2. ELIGIBILITY:** Upon my reenlistment in the Army or Air National Guard, I am eligible for a Reenlistment Bonus under the SRB Program if I meet the following criteria: *(Read and initial all. Note: Initial only one of letters c. OR d. and only one of "g" OR "h" and place NA in the block not applicable).*

a. My MOS/AFSC matches my assigned position and I hold the rank/grade of the position OR am no more than one grade below the required grade of the position. \_\_\_\_\_(initial).

b. I have been a satisfactory participant during the 3 months prior to the date of my reenlistment. \_\_\_\_\_(initial).

c. I am receiving a Federal Reenlistment/Extension Bonus and understand that if the federal bonus is less than the authorized full SRB Program entitlement, I am only eligible for the difference for the same contractual period of service. \_\_\_\_\_(initial). **(OR)**

d. I am not receiving a Federal Reenlistment/Extension Bonus for an amount greater than the SRB \_\_\_\_\_(initial).

e. I am receiving a Federal Reenlistment/Extension Bonus and understand that if the federal bonus is less than the authorized full SRB Program entitlement, I am only eligible for the difference for the same contractual period of service. \_\_\_\_\_(initial).

f. I am currently not employed full-time as an AGR or Dual Status Federal Technician (Permanent or Indefinite status) \_\_\_\_\_(Initial).

g. I have completed 6 years of total time in service creditable for retirement and I have 12 or fewer years of service creditable for retirement at current Expiration Term of Service (ETS) date. I understand any time served in the IRR or the ING is not considered as part of "creditable retirement" service for this purpose. Source verifying documents are the NGB Form 23B (RPAM) or ANG PCARS forms. I am reenlisting for 3 years within 1 year prior, or 24 hours after, completion of my current ETS. \_\_\_\_\_(Initial). **(OR)**

h. I have completed 6 years of total time in service creditable for retirement and I have 12 or fewer years of service creditable for retirement at current Expiration Term of Service (ETS) date. I understand any time served in the IRR or the ING is not considered as part of "creditable retirement" service for this purpose. Source verifying documents are the NGB Form 23B (RPAM) or ANG PCARS forms. I am re-enlisting for 6 years within 1 year prior, or 24 hours after, completion of my current ETS. \_\_\_\_\_(Initial).



**B-3. BONUS AMOUNT and PAYMENTS:** Incentive amount and payments will be as follows (*Initial either item 1 OR 2 and place NA in the one not applicable*). (*Payments are based on the MN National Guard Circular 621-5-1 in effect at the time of your Reenlistment*):

a. I will receive a bonus of \$3,000 for a 3-year reenlistment or \$5,000 for a 6-year reenlistment as indicated below.

(1) \_\_\_\_\_ For a 3 year reenlistment I will receive a total bonus of \$3,000. The first \$1,000 payment will be processed on the anniversary date of ETS (after the first year the reenlistment contract is complete). Additional payments of \$1,000 will be paid once a year during my anniversary month. If I am eligible to receive a 3 year Federal Reenlistment Bonus, the total amount of the 3 yr Federal Reenlistment Bonus will be deducted from the \$3,000 State Reenlistment Bonus. I am only eligible to receive the difference of the amount.

(2) \_\_\_\_\_ For a 6 year reenlistment I will receive a total bonus of \$5,000. The first \$1,000 payment will be processed on the anniversary date of ETS (after the first year the reenlistment contract is complete). Additional payments of \$1,000 will be paid once a year during my anniversary month until the \$5,000 limit is met. If I am eligible to receive a 6 year Federal Reenlistment Bonus, the total amount of the 6 yr Federal Reenlistment Bonus will be deducted from the \$5,000. I am only eligible to receive the difference of the amount.

b. I understand that I will not receive payment if I do not meet the eligibility outlined in paragraph B-2 of this document at the time my reenlistment takes effect. My reenlistment will be verified and certified by the ESO office prior to any payment being processed.

c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not already on file, I will attach a current Annex D-1.

**B-4. TERMINATION WITH RECOUPMENT:** I understand I will be terminated from bonus eligibility with recoupment if I:

a. Become an unsatisfactory participant by—

(1) Accumulating more than four (4) excused absences within a 12-month period. Recoupment will take effect on the date of the 5th excused absence.

(2) Accumulate 1 unexcused absence. Recoupment will take effect on the date of the 1<sup>st</sup> unexcused absence.

(3) Fail to attend or complete Annual Training (AT) without Commander approval. Recoupment will take effect on the first day of annual training.

(4) Not being deployable as per criteria required for my current duty position, or, I'm not making diligent progress toward becoming deployable, or I'm non-compliant with Fit-for Duty requirements. Recoupment will take effect on the date of the non-deployability. (There are no recoupments for those that are determined thru a FFD medical evaluation to be "retained/non-deployable").

(5) Being under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy. Recoupment will take effect on the date of suspension of favorable actions.

(6) Not being in compliance with APFT/PT, Height/Weight standards.

b. Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Recoupment is required from the effective date of transfer to the ING.

c. Exceed maximum time in the ING (of more than one year). Recoupment is required from the date of transfer into the ING.

d. Separate from the Minnesota National Guard and enter active duty in a U.S. Armed service or Reserve Unit. Recoupment is required.

e. Separate from the Minnesota National Guard for any reason (*recoupment is required*) unless due to death, injury, illness, or other impairment not the result of my own misconduct.

f. The ESO will recoup a prorated amount of the bonus if the Service Member does not fulfill their contracted service obligation.

**B-5. TERMINATION WITHOUT RECOUPMENT.**

a. I understand that if I Inter-State Transfer (IST) to another State National Guard unit, my Reenlistment bonus will be terminated without recoupment. All subsequent payments will not be paid.

b. I understand that my Reenlistment bonus will be terminated without recoupment if I accept a commission/appointment as an officer/warrant officer into the Minnesota National Guard.

c. I understand that if I'm discharged due to a Service Connected Injury or Illness that is determined not to be the result of my own misconduct and the injury or illness occurred while not assigned to a designated combat zone or combat related operation that I will have my bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

**B-6. STATEMENT OF UNDERSTANDING:** I have read this addendum and understand the requirements of my reenlistment bonus. I understand that this addendum will be void if I do not meet all of the requirements. No other promises have been made to me in connection with this reenlistment bonus addendum of signature.

\_\_\_\_\_  
Date Signed Signature of Service Member or Airman

\_\_\_\_\_  
Typed or Printed Name SSN of Service Member or Airman

\_\_\_\_\_  
Typed or Printed Address of Service Member or Airmen

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_\_  
Unit/Address/Phone Number Date of signature

\_\_\_\_\_  
Typed/Printed Name/Rank of Enlisting Official Signature of Enlisting Official

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

Contract was verified by State Program Manager for accuracy.

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

**STATEMENT OF UNDERSTANDING  
MEDIC RECERTIFICATION BONUS  
MINNESOTA NATIONAL GUARD**

-----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 Medic Recertification Bonus 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 State Medic Recertification Bonus, 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 State Medic Recertification Bonus.

**DISCLAIMER:** The funding available for the State Medic Recertification 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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**C-1. ELIGIBILITY:** Upon my completion of the National Registry of Emergency Medical Technician recertification(NREMT), I am eligible for a Medic Recertification Bonus under the State Medic Recertification Bonus Program if I meet the following criteria:

- a. I am qualified in and hold Medic MOS/AFSC (68W) as my primary MOS/AFSC, and I am assigned to a valid Medic MOS/AFSC duty position and hold the rank and grade of, or am no more than one grade below, the required grade of the position.
- b. I agree to serve for a period of 2 years beginning the day after NREMT recertification.
- c. I have a current NREMT card.
- d. I have been a satisfactory participant defined by the Adjutant General in paragraph 1-7 during the 3 months prior to the date of my NREMT recertification.
- e. I have not allowed my NREMT certification to expire within the past two (2) years.

**C-2. BONUS AMOUNT and PAYMENT:** Incentive amount and payment will be as follows:

- a. I will receive a bonus of \$1,000 payable in split disbursement of \$500 each year for a 2-year service obligation as an EMT-B qualified medic. Initial Payment of \$500 will be paid one (1) year after NREMT recertification date. The subsequent payment of \$500 will be paid two (2) years after NREMT recertification date.
- b. I understand that I will not receive payment if I do not meet the eligibility outlined in paragraph C-1 of this ANNEX at the time my service obligation takes effect. My completion of training will be verified and certified by the State ESO office prior to any payment being processed.
- c. State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1).

**C-3. TERMINATION WITH RECOUPMENT:** I understand I will be terminated from bonus eligibility with recoupment if I:

- a. Become an unsatisfactory participant by—
  - (1) Accumulating more than four (4) excused absences within a 12-month period. Recoupment will take effect on the date of the 5th excused absence.
  - (2) Accumulate 1 unexcused absence. Recoupment will take effect on the date of the 1<sup>st</sup> unexcused absence.
  - (3) Fail to attend or complete Annual Training (AT) without Commander approval. Recoupment will take effect on the first day of annual training.
  - (4) Not being deployable as per criteria required for my current duty position, or, I'm not making diligent progress toward becoming deployable, or I'm non-compliant with Fit-for Duty requirements. Recoupment will take effect on the date of

the non-deplorability. (There are no recoupment's for those that are determined thru a FFD medical evaluation to be "retained/non-deployable").

(5) Being under suspension of favorable actions (Army) or adverse administrative actions (Air) IAW applicable regulation and policy. Recoupment will take effect on the date of suspension of favorable actions.

(6) Not being in compliance with APFT/PT, Height/Weight standards.

b. Fail to extend my enlistment for time served in the ING within 30 days after return to my unit. Recoupment is required from the effective date of transfer to the ING.

c. Exceed maximum time in the ING (one year). Recoupment is required from the date of transfer into the ING.

d. Separate from the Minnesota National Guard and enter active duty in a U.S. Armed service. Recoupment is required.

e. Separate from the Minnesota National Guard for any reason unless due to death, injury, illness, or other impairment not the result of my own misconduct.

f. The ESO will recoup a prorated amount of the bonus if the Service Member does not fulfill their contracted service obligation.

**C-4 TERMINATION WITHOUT RECOUPMENT.** I understand my Medic Bonus will be terminated without recoupment if I:

a. Inter-State Transfer (IST) to another State National Guard unit.

b. Accept a Commission/Appointment into the Minnesota Army National Guard.

c. I understand that if I'm discharged due to a Service Connected Injury or Illness that is determined not to be the result of my own misconduct and the injury or illness occurred while not assigned to a designated combat zone or combat related operation that I will have my Medic Bonus terminated without recoupment. Any subsequent payments scheduled will not be paid.

d. Reclassification into a non-medic MOS/AFSC.

**C-5. STATEMENT OF UNDERSTANDING:** I have read this addendum and understand the requirements of my reenlistment bonus. I understand that this addendum will be void if I do not meet all of the requirements. No other promises have been made to me in connection with this reenlistment bonus addendum of signature.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Service Member or Airman

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
SSN of Service Member or Airman

\_\_\_\_\_  
Typed or Printed Address of Service Member or Airmen

**VERIFICATION BY SERVICE REPRESENTATIVE:**

\_\_\_\_\_  
Unit/Address/Phone Number

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Typed/Printed Name/Rank of Unit Representative

\_\_\_\_\_  
Signature of Unit Representative

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

Contract was verified by State Program Manager for accuracy.

\_\_\_\_\_  
Printed name and Signature of program manager  
(Must be reviewed by program manager prior to payment.)

\_\_\_\_\_  
Date



Veterans Service Building  
20 12th Street West  
Saint Paul, MN 55155-2098  
Attn: Education Services

## Direct Deposit Authorization for Electronic Funds Transfer (EFT)

State Benefits Specialist  
651-282-4118  
Fax: 651-282-4125  
Education@mn.ngb.army.mil

**Instructions for completing this form are on the back.**

**Please print clearly and use black ink.**

### Mailing Address (General)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Vendor Number \_\_\_\_\_

### Contact Information - Please list person who can respond if additional information is required.

Contact Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Tax Identification Information

Federal ID/Social Security Number \_\_\_\_\_  
Federal ID/Social Security Name \_\_\_\_\_  
MN State ID Number \_\_\_\_\_ (If a business located within Minnesota)

### Financial Institution Information

*Note: Do not use /, \, \*, - or ~ in any fields in this section.*

*Replace with spaces.*

ABA Routing Number \_\_\_\_\_  
Customer Account Number \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Type of Account: Checking ☐ Savings ☐

### Authorization to Make Electronic Fund Payments

I authorize the Commissioner of Minnesota Management & Budget to deposit, by electronic fund transfer, payments owed to me by the State of Minnesota and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Commissioner shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature	Printed Name	Title	Date

# Completing the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Form Annex D-1

## Notice of Intent to Collect Private Data

All payment recipients are asked to provide private data to Minnesota Management & Budget for the following purposes.

State employees who support this function of the state's accounting system need to access the data to verify information. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, without this information we cannot convert you to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

## Instructions for Completing the Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

### Mailing Address (General)

1. Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.
2. Number. Enter the eleven-digit vendor number, if you know it. If you received this form with a letter, this number is located under the date. If you received this form with a duplicate warrant, the number is located above your name and is listed as "Vendor Number" and "Vendor Location."

### Contact Information

Enter the name, email address, phone and FAX number of the person who can respond to questions regarding the information provided on this form.

## Tax Identification Information

1. Federal ID/ Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.
2. MN State ID Number. **For businesses located in Minnesota**, enter the MN state tax identification number.

## Current Financial Institution Information

This information is required to verify that we are changing the correct account.

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name.

## New Account Information

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.
4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

## Authorization to Make Electronic Fund Payments

Sign the form and print your name and title (if any) and the date.

## Send the Form

You can mail or fax the form to the Department of Military Affairs.

Department of Military Affairs  
Veterans Service Building  
20 West 12<sup>th</sup> Street  
St. Paul, MN 55155-2098  
Attn: Education Services  
FAX number: (651) 282-4125  
Email: Education @mn.ngb.army.mil

## Questions about this Form?

Call the Minnesota Management & Budget EFT Helpline at (651) 201-8106 or [efthelpline.mmb@state.mn.us](mailto:efthelpline.mmb@state.mn.us)

**EXTENDED ELIGIBILITY PROGRAM****MINNESOTA STATE TUITION REIMBURSEMENT  
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 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 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.

c. 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](http://onestop.umn.edu/finances/costs_and_tuition/index.html).

d. 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% of the tuition cost or the STR maximum credit hour benefit, whichever is less. Federal benefits include, but are not limited to: CH 33/Post 9-11 GI Bill.

e. 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, 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 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 a MOU to the State Education Services Office (ESO).

b. Annual Obligation Request.

(1) I must complete the Annual Obligation Request (Annex E-2) and submit it to the ESO within 45 days of the course/term start date.

(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 2010 through Summer Session I 2011.

(3) I understand that failure to obligate will 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. 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 1 and Summer 2 terms.

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

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

c. Fee statement 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. 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.

d. Direct deposit form – State payments are now made via direct deposit using Minnesota Direct Deposit Authorization for EFT (ANNEX D-1).

(2) I understand that my signature on the MOU (Annex E-1) will verify 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 that course/term. I understand that if I fail to meet this suspense, I am not eligible for reimbursement.

**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

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Signature

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Date

**EXTENDED ELIGIBILITY PROGRAM****MINNESOTA STATE TUITION REIMBURSEMENT  
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: \_\_\_\_\_  
(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 Credits by Term: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer1 \_\_\_\_\_ Summer2 \_\_\_\_\_

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)

## EXTENDED ELIGIBILITY PROGRAM

MINNESOTA STATE TUITION REIMBURSEMENT  
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 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.**INSTRUCTIONS:** Complete this form, attach grade report and a fee statement and submit to ESO. The form must arrive at the ESO within 90 days after the last official day of the term.**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: \_\_\_\_\_

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 CH33/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.)

**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 \$7500.00. 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, 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 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 2010 through Summer Session I 2011.

(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. Once each for 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.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 Credits by Term: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer1 \_\_\_\_\_ Summer2 \_\_\_\_\_

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.)