

# DEPARTMENT OF MILITARY AFFAIRS

## MINNESOTA ARMY AND AIR NATIONAL GUARD



OFFICE OF THE ADJUTANT GENERAL

STATE OF MINNESOTA

20 WEST 12TH STREET

VETERANS SERVICE BUILDING

ST. PAUL, MINNESOTA 55155-2098

January 13, 2026

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### **Re: Submission of the Department of Military Affairs' Report on Financial Incentives for National Guard Members and Annual Report.**

1. This document was electronically submitted to the Legislature pursuant to MN Statute §192.501, Subdivision 3. Two hard copies will be provided to the Legislative Reference Library pursuant to MN Statute §3.302.
2. DMA maintains Minnesota National Guard Circular 621-5-1 which details the requirements for financial incentives under MN Statute §192.501. The Minnesota National Guard Annual report maintains demographic data for service members who use the incentives program (see page 79).
3. An electronic version of the document was sent to [reports@lrl.leg.mn](mailto:reports@lrl.leg.mn).
4. Questions may be directed to the undersigned at [scott.j.rohweder.nfg@army.mil](mailto:scott.j.rohweder.nfg@army.mil) or 651-268-8913.

Sincerely,

Scott J. Rohweder  
Executive Director  
Minnesota Department of  
Military Affairs

Encl(s)

1 - 2025 Minnesota National Guard Annual Report

2 - Minnesota National Guard Circular 621-5-1

DEPARTMENT OF MILITARY AFFAIRS  
MINNESOTA NATIONAL GUARD  
20-12th Street West  
St. Paul, MN 55155

MN National Guard Circular 621-5-1

1 July 2025

Military Personnel

MINNESOTA NATIONAL GUARD STATE INCENTIVE PROGRAMS

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**Summary:** This circular supersedes Minnesota National Guard Circular 621-5-1: Update 1, dated 1 January 2025 and Policy Update 2025-01 (State Incentives Programs), with changes and is in effect until June 30, 2026, unless superseded. It provides information and describes procedures for administering the Minnesota state incentive programs.

**Applicability:** This circular is applicable to all Minnesota Army and 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

a. [ADD] Ch.1.para 1-8. **THERE WILL BE NO EXCEPTION TO POLICIES ALLOWED FOR SOLDIERS NOT APPLYING TO FTA PRIOR TO STR UNLESS REASON IS LISTED ON ANNEX B-1.**

### Chapter 2: Minnesota State Tuition Reimbursement Program

a. [CHANGE] Ch.2.para 2-2.b.(1).(f). Army personnel must have current and passing Army Combat Fitness Test (ACFT)/Army Fitness Test (AFT) and Army Body Composition Program (ABCP). Current ACFT/AFT is defined as being within 15 months **of last official day of course/term**. Current ABCP is defined as being within 8 months **of the last official day of course/term**.

b. [CHANGE] Ch.2.para 2-2.b.(1).(g). Air personnel Fitness Assessment (FA) is compliant with Air Force standards with an effective date within 15 months **of the last official day of the course/term**.

c. [CHANGE] Ch.2.para 2-2.b.(1).(i). Service members have 90 days to complete and pass the Army Combat Fitness Test (ACFT)/Army Fitness Test (AFT) and Army Body Composition Program for Army personnel or Fitness Assessment for Air personnel upon expiration of temporary medical profiles **or exemption period due to pregnancy**.

d. [CHANGE] Ch.2.para 2-9.b.(2).(d). Verify that the Service Member is in good standing IAW paragraph 2-2 **on the course/term end date**.

### Chapter 4: Medical Professional Student State Tuition Reimbursement

a. [CHANGE] Ch.4.para 4-2.b.(6) Army personnel must have current and passing Army Combat Fitness Test (ACFT)/Army Fitness Test (AFT) and Army Body Composition Program (ABCP). Current ACFT/AFT is defined as being within 15 months **of last official day of course/term**. Current ABCP is defined as being within 8 months **of the last official day of course/term**.

b. [CHANGE] Ch.4.para 4-2.b.(7) Air personnel Fitness Assessment (FA) is compliant with Air Force standards with an effective date within 15 months **of the last official day of the course/term**.

### [REMOVED] Chapter 5: Medic Recertification Bonus Program

### [REMOVED] Chapter 6: State Reclassification Bonus

### [REMOVED] Chapter 7: State Reenlistment Bonus

### Annexes

a. Annex A-1: Memorandum of understanding State Tuition Reimbursement

(1) [CHANGE] Para A-3.b.(5). \_\_\_\_\_(initial) Have passing record ACFT/AFT (Army) or FA (Air) and be in compliance with ABCP standards (Army) and be current on ACFT/AFT or FA and ABCP **no later than the last official day of the course/term**.

b. Annex A-2: Payment Request Form, State Tuition Reimbursement

(1) [CHANGE] Administration use only: \_\_\_\_\_Had a current passing record ACFT/AFT/FA and was compliant with ABCP (Army) standards **no later than the last official day of course/term**.

c. Annex B-1: Change:

(1) **[CHANGE]** SM exhausted FTA credit allotment and/or remaining FTA funding for the fiscal year (1Oct-30Sep).

(2) **[CHANGE]** SM did not complete basic training, basic military training, or advanced individual training within **60 days** of school start date.

- d. **[REMOVED]** Annex C: Minnesota Medic Recertification Bonus Addendum
- e. **[REMOVED]** Annex H-1: NCO Minnesota State Reclassification Bonus Addendum
- f. **[REMOVED]** Annex H-2: NCO Minnesota State Reclassification Bonus MOS/AFSC List
- g. **[REMOVED]** Annex H-3: Junior Enlisted State Reclassification Bonus Addendum
- h. **[REMOVED]** Annex H-4: Junior Enlisted State Reclassification Bonus MOS/AFSC list and MOS/AFSC restriction list

## TABLE OF CONTENTS

### **Chapter 1: Overview**

1-1 General.....	1
1-2 References.....	1
1-3 Purpose.....	1
1-4 Responsibilities.....	1
1-5 Funding.....	2
1-6 State Fiscal Year.....	2
1-7 Recoupment.....	2
1-8 Exceptions to Policy.....	2

### **Chapter 2: Minnesota State Tuition Reimbursement Program**

2-1 General.....	3
2-2 Eligibility.....	3
2-3 Rate of Reimbursement.....	5
2-4 Authorized Uses.....	5
2-5 Course Requirements.....	5
2-6 Maximum Lifetime Benefit.....	6
2-7 Guidelines.....	6
2-8 Additional Sources of Funding.....	7
2-9 Application Procedures.....	7
2-10 Incomplete Coursework.....	8
2-11 Tuition Reimbursement Option for Spouses.....	9
2-12 Termination.....	9

### **Chapter 3: Tuition Reimbursement – Survivor Benefits**

3-1 General.....	10
3-2 Scope.....	10
3-3 Eligibility.....	10
3-4 Procedures.....	10
3-5 Guidelines.....	10
3-6 Payment Procedures.....	11
3-7 Incomplete Coursework.....	12
3-8 Termination.....	12

### **Chapter 4: Medical Professional Student Tuition Reimbursement**

4-1 General.....	13
4-2 Eligibility.....	13
4-3 Rate of Reimbursement.....	13
4-4 Maximum Lifetime Benefit.....	13
4-5 Application Procedures.....	14
4-6 Incomplete Coursework.....	14
4-7 Service Obligation and Recoupment.....	14
4-8 Roles and Responsibilities.....	14

### **Annex A**

STR Memorandum of Understanding.....	A-1
STR Payment Request Form.....	A-2

### **Annex B**

List of Reasons why a SM would not be required to use FTA before STR.....	B-1
---	-----

### **Annex D**

Minnesota Direct Deposit Form & W9.....	D-1
---	-----

**Annex E**

E-STR Memorandum of Understanding.....	E-1
E-STR Payment Request Form.....	E-2

**Annex F**

Survivor of Understanding.....	F-1
Survivor Payment Request Form.....	F-2

**Annex G**

Medical Professional STR Acknowledgement of Contractual Service Obligation.....	G-1
---	-----

**Annex J**

Air National Guard State Incentives Eligibility Verification Form.....	J-1
--	-----

**Annex K**

STR and FTA Flow Chart.....	K-1
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## CHAPTER 1

### OVERVIEW

**1-1. GENERAL.** The Minnesota legislature enacted legislation that provides funds for State Incentives Programs for members of the Minnesota National Guard. This circular describes the eligibility criteria and procedures for administering the Minnesota State Incentives Programs effective from 1 July 2025 through 30 June 2026 unless earlier rescinded or amended.

**1-2. REFERENCES.**

- a. Minnesota Statute 192.501, Financial Incentives for National Guard Members
- b. Minnesota Statute 190.03, Laws to Conform to United States Regulations
- c. Department of Defense Financial Management Regulation

**1-3. PURPOSE.**

- a. The purpose of the State Incentives Program is to:
  - (1) Incentivize the recruitment of qualified prior and non-prior Service Members for the Minnesota National Guard.
  - (2) Incentivize members currently assigned to the Inactive National Guard (ING) or Individual Ready Reserve (IRR) to re-affiliate with the Minnesota National Guard.
  - (3) Incentivize current Minnesota National Guard members to extend their enlistment agreements or to retrain/reclassify into a critical MOS/AFSC.
  - (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 worldwide operational requirements.

- b. The purpose of this circular is to establish policy to administer the State Incentives Program.

**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. Further sub-delegation of authority may be granted to the Education Services Officer (ESO).
- c. **Recruiting and Retention Battalion to Include Battalion Retention NCOs.** The Recruiting and Retention Battalion is responsible to promote recruiting and retention utilizing the incentives offered by the Minnesota State Incentives Program.
- d. **State Incentives Working Group.** The State Incentives Working Group (SIWG) is responsible for formulating policy contained within this circular. The working group members are as follows.
  - (1) Joint Force Headquarters
  - (2) Division Chief, Army Personnel

- (3) JFHQ Air Division, Military Personnel Management Officer (MPMO)
- (4) Command Senior Enlisted Leader
- (5) State Executive Director of Military Affairs
- (6) Minnesota Medical Detachment
- (7) 34<sup>th</sup> Infantry Division representative
- (8) 84<sup>th</sup> Troop Command representative
- (9) 347<sup>th</sup> Regional Support Group representative
- (10) 1<sup>st</sup> Brigade representative
- (11) 34<sup>th</sup> CAB representative
- (12) 133<sup>rd</sup> Airlift Wing representative
- (13) 148<sup>th</sup> Fighter Wing representative
- (14) Army Recruiting and Retention Manager
- (15) Education Services Officer
- (16) Army Retention NCOIC
- (17) 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 incentives program. 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. ARNG AMEDD Recruiter and ANG Recruiting and Retention Superintendent.** Provide list of student officers eligible for benefits outlined in Chapter 4 prior to the student's application for benefits. Advise potential student officers of the requirement to use Chapter 4 Medical Professional STR for medical or dental school, and the contractual obligation incurred through use of the program.

**1-5. FUNDING.** The funding available for the state incentives programs is limited by the appropriations set by the state legislature. These programs will continue providing funds are available.

**1-6. STATE FISCAL YEAR (SFY).** The current state fiscal year begins on 1 July 2025 and ends on 30 June 2026.

#### **1-7. RECOUPMENT.**

a. Funds paid under the State Incentives Program may be recouped from those individuals who fail to complete a term of enlistment or reenlistment in the Minnesota National Guard.

b. Further details regarding recoupment procedures are explained within the chapter applicable to each program.

**1-8. EXCEPTIONS TO POLICY.** Exceptions to policy will not be considered unless there is a severe catastrophic issue. When extenuating circumstances exist a request for exception to policy (ETP) may be initiated. Detailed instructions on how to submit an ETP can be found on the State Incentives Program's SharePoint, MS Teams page, or MNARNG HR Guide. ETPs for STR will only be considered for the current or immediately prior term of the school year.

**THERE WILL BE NO EXCEPTION TO POLICIES ALLOWED FOR SOLDIERS NOT APPLYING TO FTA PRIOR TO STR UNLESS REASON IS LISTED ON ANNEX B-1.**

## CHAPTER 2

### MINNESOTA STATE TUITION REIMBURSEMENT PROGRAM

**2-1. GENERAL.** The State of Minnesota sponsors the State Tuition Reimbursement (STR) program. The State Legislature appropriates the funding for the program biennially. If, in the future, the legislature does not fund the program, or if 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 and 4:

**a. ALL SOLDIERS MUST APPLY FOR FEDERAL TUITION ASSISTANCE PRIOR TO UTILIZING STATE TUITION REIMBURSEMENT. NO EXCEPTION TO POLICY WILL BE ALLOWED.**

(1) Only exceptions to this rule are listed in Annex B-1: Reasons for not being required to apply for FTA.

(2) Refer to Annex K: State Tuition Reimbursement and Federal Tuition Assistance process flowchart for more information on when to utilize your benefits.

**b. Regular STR** – Current active drilling members of the Minnesota National Guard who:

(1) Are serving satisfactorily as defined by the following:

(a) Is an active drilling member of their unit of assignment or attachment.

(b) Has no period of absent without leave (AWOL/unexcused)/unsatisfactory participation within the last 12 months.

(c) Has no more than four MUTAs (Army) or four periods (Air) of excused absence within the last 12 months.

(d) Is currently deployable per criteria required for their current duty position. If not deployable, must be making diligent and measurable progress toward becoming deployable, or awaiting a fit-for-duty (FFD) determination by a medical review board.

(e) Is not under suspension of favorable actions (Army) or UIF (Air) in accordance with applicable regulation and policy.

(f) Army personnel must have current and passing Army Combat Fitness Test (ACFT)/Army Fitness Test (AFT) and Army Body Composition Program (ABCP). Current ACFT/AFT is defined as being within 15 months of the last official day of course/term. Current ABCP is defined as being within 8 months of the last official day of course/term.

(g) Air personnel Fitness Assessment (FA) is compliant with Air Force standards with an effective date within 15 months of the last official day of course/term.

(h) Service members have 90 days to complete and pass the ACFT/ AFT and ABCP for Army personnel or FA for Air personnel upon return from IADT.

(i) Service members have 90 days to complete and pass the ACFT/ AFT and ABCP for Army personnel or FA for Air personnel upon expiration of temporary medical profiles or exemption period due to pregnancy.

(2) Have successfully completed Basic Training (BT) or Basic Military Training (BMT); are current SMP contracted cadets; or are special branch direct commissioned officers (AMEDD, Chaplain, JAG corps). Chapter 2 STR may not be used for medical, dental, or PA school in lieu of Chapter 4, except with an approved exception to policy.

(3) Students who have received a scholarship offer letter for ROTC or meet MNNG accession option criteria for 09R are limited to use STR for up to two school terms before their scholarship starts. They must be a member of the MNNG before the last day of the school term and be in good standing to be eligible for STR for that term.

(4) Are in 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 STR until the end of that term. Rank is not considered when using Extended STR.

(5) Army enlisted Soldiers, Army Officers and Title 10/Title 32 Air Guard Officers and Airmen that are eligible for FTA are required to use all available FTA funding to be eligible for STR. STR may reimburse any remaining amount of tuition after FTA is applied, not to exceed the actual cost of tuition. Once the member's FTA annual cap has been met, STR may be used without applying for FTA. In certain circumstances, service members who are not eligible for FTA may be eligible to use STR without first applying for FTA. For a full list of reasons or circumstances why a member wouldn't need to apply for FTA before receiving STR see annex B-1.

c. **Extended STR** – 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, with the MNNG. In these cases, the person's eligibility is extended for a period of two years, plus amount of time equal to the duration of that person's active service.

(a) A Service Member has satisfactorily completed their service contract when they have both reached their expiration term of service (ETS) date and received an honorable discharge. Service Members separated from the MNNG under the following conditions are not eligible:

1. Interstate Transfer (IST).
2. Conditional release – transfer to active duty/reserve forces.
3. Separated under general, other than honorable conditions, misconduct, or dishonorable discharge.
4. Separated administratively due to adverse action(s).
5. Separated with a bar to reenlistment.
6. Separated prior to ETS date unless separating due to:
  - i. Retirement.
  - ii. A result of determinations made by the medical board process (medical evaluation board, physical evaluation board, medical MOS/AFSC review board or non-duty disability evaluation system).

(b) Service Members currently serving in any branch of the U.S. Armed Forces under an active service contract do not qualify for extended STR.

(c) Spouses are not eligible to use extended STR.

(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 individual's eligibility is extended for eight years beyond the date of separation. Eligibility effective date is 4 June 2005.

(3) Title 10 active-duty operational support (ADOS)/active duty for special work (ADSW), Title 32 ADOS/ADSW, and full-time National Guard duty – operational support (FTNGD-OS) are not eligible periods of service for the extended STR program.

**2-3. RATE OF REIMBURSEMENT.** The Minnesota National Guard will reimburse tuition charged for eligible coursework at accredited post-secondary institutions.

a. **UNDERGRADUATE COURSEWORK:** Reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities campus undergraduate resident semester hour rate. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate at the U of M. The total amount of STR a Service Member can receive for undergraduate coursework will not exceed \$18,000 per state fiscal year (SFY 1 July 2025 through 30 June 2026).

b. **GRADUATE COURSEWORK:** Reimbursement will not exceed 75 percent of the resident Graduate tuition rate for the University of Minnesota (U of M) Twin Cities Graduate School. The total amount of STR a Service Member can receive for graduate coursework will not exceed \$28,000 per state fiscal year (SFY 1 July 2025 through 30 June 2026).

c. U of M tuition rates for the current academic year are found at <https://onestop.umn.edu/finances/tuition>

**2-4. AUTHORIZED USES.** STR will not reimburse a degree that is equal to or lower than the level of degree a SM already holds. ANG members that hold a Community College of Air Force (CCAF) degree are eligible to receive reimbursement for an additional associate degree. Members are authorized reimbursement for one certificate in a lifetime. A certificate can be taken at any time regardless of current degree level. STR may be used to fund one degree at each level:

- a. Certificate (undergraduate or post-baccalaureate/graduate certificate).
- b. Associate degree.
- c. Baccalaureate (undergraduate) degree.
- d. Master's degree.
- e. Professional degree or Doctorate degree.

**2-5. COURSE REQUIREMENTS.**

a. Reimbursement is authorized for:

(1) Course(s) taken at an accredited post-secondary educational institution eligible for placement on a transcript from the post-secondary educational institution.

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

(3) Course(s) a student is currently attending at the time of direct commission (AMEDD/Chaplain/JAG corps officers) into the MNNG.

(4) Course(s) which end prior to the Service Member's ETS date, unless the Service Member qualifies under paragraph 2-2 c.

(5) Course(s) that are required within the degree plan.

b. Reimbursement is not authorized for:

(1) Course(s) that were not completed.

(2) Course(s) taken prior to completion of BT/BMT.

(3) Exam prep course(s) or exams (i.e. GRE, GMAT, LSAT, EMT).

(4) Course(s) that earn continuing education units (CEUs) that are required to maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The education services officer is the approval authority for certificate courses that earn CEUs.

(5) 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 but are not limited to high school students who attend post-secondary course(s) where the course(s) are paid by the high school, school district, or state; and student teachers/teaching assistants whose tuition is charged and waived in lieu of pay.

**2-6. MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under the STR program is funding for 144 semester/208 quarter credits. Any amount paid on a credit is counted towards the maximum lifetime benefit.

## 2-7. GUIDELINES.

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

b. The Memorandum of Understanding (MOU, Annex A-1) will be updated and resubmitted only in years when major STR policy changes occur. The MOU does not need to be submitted before the course start date, however it must be signed and submitted before STR payment will be made. No exceptions to policy are required for missing MOUs, but payment will be delayed if a current, signed MOU is not on file.

c. A service member must submit an STR payment request form no later than 90 days from the last official day of the course/term.

d. 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 list certain other benefits paid directly to the institution, including:

(1) Federal Tuition Assistance (FTA).

(2) Chapter 33/Post 9-11 GI Bill or any federal GI Bill chapter that pays directly to the school must be claimed on the STR payment request form. Any portion of tuition covered by Chapter 33 or other federal GI Bill chapter paying tuition directly to the school will not be reimbursed through STR. Chapter 1606 or any other GI Bill chapter that pays directly to the student need not be claimed. Minnesota GI Bill is not part of the federal GI Bill program and does not need to be reported. Students using a parent's transferred GI Bill benefits must report this benefit on their STR payment request form, and the combination of transferred GI Bill benefit and STR may not exceed 100 percent of tuition costs.

(3) ROTC tuition scholarships must be reported. Do not report room and board scholarships or stipends.

## 2-8. ADDITIONAL SOURCES OF FUNDING.

a. Service Members receiving FTA, ROTC tuition scholarships, and federal GI Bill chapters which pay directly to the institution (to include students using a parent's transferred GI Bill benefits) are eligible to receive funds under the STR program, with restrictions. The combination of these specific additional sources of funding and STR cannot exceed 100 percent of the members' tuition costs.

b. Service Members receiving other additional sources of funding not listed in 2-8a. are eligible to receive funds under the STR program, without restrictions. Examples of other additional sources of funding include, but are not limited to; grants, federal or private student loans, employer-paid tuition assistance, non-ROTC scholarships, ROTC room and board scholarships, Minnesota GI Bill, and work study payments.

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) The Memorandum of Understanding (MOU, Annex A-1) will be updated and resubmitted only in years when major STR policy changes occur. The MOU does not need to be submitted before the course start date, however it must be signed and submitted before STR payment will be made. No exceptions to policy are required for missing MOUs, but payment will be delayed if a current, signed MOU is not on file.

(2) Service Members must submit the following forms and supporting documents to the unit/squadron/flight in sufficient time for the reimbursement request to be entered into the state incentives database **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 required for reimbursement:

(a) STR payment request form (Annex A-2).

(b) Grade report.

(c) Final fee statement, which clearly shows the amount of tuition charged, is dated after course completion, and is 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). The direct deposit and W-9 form are only required for the initial STR submission unless there are changes in the Service Member's bank account information.

(3) Service Members who are unable to submit the payment request form in the time required due to attendance at a military school (AIT, NCOES, OES, etc.) must submit the required paperwork no later than 45 days after the military school end date. Unit/squadron/flight should add justification of school attendance in the remarks block in the state incentives database if this situation occurs.

b. Unit/Squadron/Flight Responsibilities: See the "How to Request Payment" SOP on the STR SharePoint page for detailed instructions on how to request payment.

(1) Ensure the SM has a current, signed MOU on file in the States Incentives Database.

(2) Enter payment requests into the State Incentives Database 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/squadron/flight must perform a quality review of the payment request form (Annex A-2) to ensure the following:

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

(b) Clearly shows the amount of FTA, federal GI Bill paid directly to the school, and ROTC tuition scholarship, if applicable.

(c) Verify the Service Member has completed BT/BMT; or has completed or is projected for the ROTC Leadership Training Course.

(d) Verify that the Service Member is in good standing IAW paragraph 2-2 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/squadron/flight will notify the state incentives lead that the Service Member is not eligible for payment for that course/term so that funds can be reallocated.

(3) Upload payment request form, final fee statement, and grade report into the state incentives database.

c. Education Services Office Responsibilities:

(1) Ensures the SM has a current, signed MOU, and direct deposit information on file in the state incentives database.

(2) Processes payment requests.

(a) Verifies all information is correct. This may require contacting the student's school.

(b) Calculates the actual amount of reimbursement.

(3) Validates Service Members have completed BT/BTM; or have completed or are projected for the ROTC Leadership Training Course.

(4) Denies incomplete or late payment requests, or requests for those Service Members not in compliance with 2-2b.

**2-10. INCOMPLETE COURSEWORK.**

a. If the student has an incomplete course, the unit/squadron/flight will request payment for completed course(s) during that course/term within the 90-day suspense. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. Upon completion of previously incomplete coursework, complete a new payment request form (Annex A-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. Submit the new request along with the initial payment request form and a grade report showing satisfactory completion.

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

a. A Service Member who meets the following criteria may elect to allow their spouse to use a portion of the remaining balance of their STR. For a spouse to qualify for Spouse STR the spouse must be listed in DEERS:

(1) Is serving satisfactorily as defined by paragraph 2-2b. Spouses do not qualify for extended STR.

(2) Has served at least 8 good years towards retirement in an active drilling service (non-ING) in the Minnesota National Guard.

(3) Is in the rank of E1 through O5 (to include warrant officers). Spouses of officers promoted to the grade of O6 during the school term are eligible to use STR until the end of that term.

b. A spouse 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 STR is counted against the Service Member's maximum yearly benefit. Spouses are prohibited from using a former SM's extended STR. Married dual military couples are not eligible to use spousal STR while both members are serving. When one of the members discharges, the discharged member is then able to utilize the currently serving spouse's remaining STR.

**2-12. TERMINATION.** The submission of a falsified grade report, transcript, final fee statement, payment request form (Annex A-2) or any other attempt to receive funds a member is not eligible to receive will result in termination from the STR program for a minimum of one year. A Service Member who received STR funds utilizing a falsified grade report, transcript or final fee statement may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ).

## CHAPTER 3

### TUITION REIMBURSEMENT – SURVIVOR ENTITLEMENT

**3-1. GENERAL.** Effective 1 July 1992, if a member of the Minnesota National Guard is deceased in the line of state active service or federally funded state active service, 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 members of the Minnesota National Guard deceased in the line of duty while performing state active service or federally funded active service, as defined in Minnesota Statute 192.501.

#### 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 will forward the letter to the surviving spouse; or if no spouse to the oldest adult dependent; or the legal 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 Education Services Office will manage this benefit program and maintain files for all letters of eligibility issued.

#### 3-5. GUIDELINES.

##### a. REIMBURSEMENT RULES.

(1) The rate of reimbursement will be paid in accordance with paragraph 2-3. University of Minnesota tuition rates for the current academic year can be found at: <https://onestop.umn.edu/finances/tuition>.

(2) 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 but are not limited to high school students who attend post-secondary course(s) where the course(s) are paid by the high school, school district, or state; and student teachers/teaching assistants whose tuition is charged and waived in lieu of pay.

(3) 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 surviving spouse or dependent 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 list certain other benefits paid directly to the institution, including:

(a) Federal Tuition Assistance (FTA)

(b) Chapter 33/Post 9-11 GI Bill or any other federal GI Bill chapter that pays directly to the school must be claimed on the STR payment request form. Any portion of tuition covered by Chapter 33 or other

federal GI Bill chapter paying tuition directly to the school will not be reimbursed through STR. Chapter 1606 or any other federal GI Bill chapter that pays directly to the student need not be claimed. Minnesota GI Bill is not part of the federal GI Bill program and does not need to be reported. Students using a parent's transferred GI Bill benefits must report this benefit on their STR payment request form. The combination of transferred GI Bill benefit and STR may not exceed 100 percent of tuition costs.

(c) ROTC tuition scholarships. Do not report room and board scholarships or stipends.

**b. COURSE REQUIREMENTS.**

(1) Reimbursement is authorized for:

(a) Course(s) taken at an accredited post-secondary educational institution and eligible for placement on a transcript from the post-secondary educational institution.

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

(2) Reimbursement is not authorized for:

(a) Course(s) that were not completed.

(b) Exam prep course(s) or exams (GRE, GMAT, LSAT, EMT, etc.).

(c) Course(s) that earn Continuing Education Units (CEU) that are required to maintain professional licensure (CEUs, these courses may be paid through other funding sources). Reimbursement may be authorized for some courses that earn CEUs if they are academic in nature, not required for professional licensure, and conducted by an accredited institution. The Education Services Officer is the approval authority for certificate courses that earn 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 STR program is funding for 144 semester/208 quarter credits.

**d. ADMINISTRATION.**

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

(2) 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 (MOU).**

(1) Read and sign the memorandum of understanding form (Annex F-1) (contact ESO for applicable form at [ng.mn.mnarng.mbx.assets-education@army.mil](mailto:ng.mn.mnarng.mbx.assets-education@army.mil)). Must submit form to the Education Services Office before payment can be received.

(2) The actual amount of reimbursement is dependent upon the cost of tuition and the number of credits satisfactorily completed. The current school year is Summer Session II 2025 through Summer Session I 2026.

b. Request for Reimbursement.

(1) Students must submit the following forms and supporting documents to the Education Services Office **NO LATER THAN 90 DAYS** after the last official day of the term.

(a) Survivor payment request form (Annex F-2).

(b) Grade Report.

(c) Final fee statement showing 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). If the student's Minnesota Direct Deposit Authorization (Annex D-1) form is not on file, email a current Annex D-1 which includes the W-9 form.

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

**3-7. INCOMPLETE COURSEWORK.**

a. If the student has an incomplete course, the student will request payment for completed course(s) during that course/term within the 90-day suspense. Once the student has finished the incomplete course(s), they will request payment for the course(s) on a new payment request form. Reimbursement may be processed for coursework completed at a later date, provided funds are available. On initial submission, annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. Upon completion of the previously incomplete coursework, complete a new payment request form (Annex F-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. Submit the new request along with the initial payment request form and a grade report showing satisfactory completion.

**3-8. TERMINATION.**

a. The submission of a falsified grade report, transcript, final fee statement, payment request form (Annex F-2) or an attempt to receive funds a student is not eligible to receive will result in termination from the STR program for a minimum of one year.

b. The Education Services Office 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 years old.

## 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 direct commission in the Minnesota National Guard during completion of graduate-level medical, dental, or PA professional degrees.

**4-2. ELIGIBILITY.**

a. Current active member of the Minnesota National Guard.

b. Are serving satisfactorily as defined by the following:

(1) Is an active drilling member of their unit of assignment or attachment.

(2) Has no period of absent without leave (AWOL/unexcused)/unsatisfactory participation within the last 12 months.

(3) Has no more than four MUTAs (Army) or four periods (Air) of excused absence within the last 12 months.

(4) Is currently deployable per criteria required for their current duty position. If not deployable, must be making diligent and measurable progress toward becoming deployable, or awaiting a fit-for-duty (FFD) determination by a medical review board.

(5) Is not under suspension of favorable actions (Army) or UIF (Air) in accordance with applicable regulation and policy.

(6) Army personnel must have current and passing ACFT/ AFT and ABCP. Current ACFT/AFT is defined as being within 15 months of the last official day of course/term. Current ABCP is defined as being within 8 months of the last official day of course/term.

(7) Air personnel FA is compliant with Air Force standards with an effective date within 15 months of the last official day of course/term.

c. Allocations are 15 student officers (medical, dental, or PA) for ARNG and 4 student officers (medical, dental, or PA) for ANG. The combined number of National Guard participants enrolled in the program will not exceed 19 officers per year. Participation in this program does not prohibit concurrent participation in a federally funded health professional incentive program.

d. An AMEDD direct-commissioned officer in a student officer status; or a commissioned officer in a Master of Physician Assistant Studies program.

e. Enlisted members in the Minnesota National Guard that have been accepted in an approved medical, dental, or PA program.

f. Attending medical, dental, or PA school.

**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 (U of M) Medical School, Twin Cities campus, for the current academic year – found at <https://onestop.umn.edu/finances/tuition>.

**4-4. MAXIMUM LIFETIME BENEFIT.** The maximum lifetime benefit under any state tuition reimbursement (STR) program is funding 144 semester/208 credits.

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

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

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

a. Dental student officers and PA officers who receive Chapter 4 Medical Professional STR incur a two-year contractual service obligation for every one year of medical professional STR. One year of use is defined as three academic terms. Service obligations may be prorated based on evaluation by the Education Services Officer (ESO). Service must be completed in the Minnesota National Guard. This obligation is effective the day after the course completion date for the last term of reimbursement used under the provisions of this chapter, typically the date that the professional degree is conferred. These officers must obtain unrestricted professional licensure immediately after professional degree completion, as a term of the contractual service agreement for the use of medical professional STR. Failure to attain unrestricted professional licensure will initiate a recoupment action. Dental student officers using Chapter 4 are required to reappoint as Dental Corps (DC) officers; PA students must initially appoint as Army Medical Specialist Corps (SP) officers or Biomedical Science Corps (BSC) for the air force. Failure to do so will result in recoupment action.

b. Medical student officers who receive Chapter 4 STR incur a contractual service obligation of two years for every one year of use of Chapter 4 STR. One year of use is defined as three academic terms. Service obligations may be pro-rated based on evaluation by the ESO. Service must be completed in the Minnesota National Guard. This obligation is effective the day after completion of residency. Officers who interstate transfer for residency must return to the MNNG to begin serving their contractual obligation within 6 months of residency completion or recoupment action will be initiated. The ESO is authorized to direct the service obligation for those officers who utilize medical professional STR and/or Chapter 2 STR (within an approved exception to policy) in any combination during their medical school training. Medical Corps officers must maintain unrestricted professional licensure as a term of the contractual service obligation. Failure to maintain unrestricted professional licensure will initiate a recoupment action.

c. Medical student officers using Chapter 4 are required to reappoint as Medical Corps (MS) officers in the Army and Biomedical Science Corps (BSC) for the Airforce as soon as eligible. Medical student officers must meet all eligibility criteria to reappoint as an officer within the MNNG.

d. The Service Member must sign a contractual service agreement (Annex G-1) at the beginning of each academic school year that they receive Chapter 4 STR. The contractual service obligation for use of Chapter 4 STR runs concurrent with all other contractual service obligations. The Service Member must remain in an active status in the Minnesota National Guard to satisfy this service obligation.

e. The Service Member is subject to full or partial recoupment of Chapter 4 STR if the officer fails to fulfill any portion of the contractual service obligation; does not successfully complete medical/dental/PA school; fails to complete residency; **fails to meet commission eligibility requirements**; or fails to obtain or maintain unrestricted licensure.

f. Individuals who received tuition reimbursement prior to 1 July 2025 retain the service obligation in accordance with the policy in effect at the time they began receiving Chapter 4 STR; however, they must sign a contractual service obligation (Annex G-1) at the beginning of each academic school year.

g. Service Members may use a combination of benefits up to 100 percent of tuition costs as long as STR is the last payment source.

h. A Service Member who received STR funds using a falsified grade report, transcript, or final fee statement may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ).

**4-8. ROLES AND RESPONSIBILITIES.**

a. ARNG Recruiting and Retention Battalion (RRB) or ANG Recruiting and Retention Superintendent (RRS) is responsible for advising potential student officers of the requirement to use Chapter 4 STR for medical, dental, or PA school, and to advise them of the contractual obligation incurred through use of Chapter 4. RRB/RRS will contact the education office to inform them of new Chapter 4 users and ensure there is an open slot.

b. Office of the State Surgeon will track ARNG medical, dental, and PA student status through degree completion and residency and provide the education services office updates on projected medical, dental, or PA school graduation dates, projected residency completion dates, and interstate transfer status as requested. Wing Medical Administrative Officer will track ANG medical, dental, and PA student status through degree completion and residency and provide the Education Services Office updates on projected medical/dental/PA school graduation dates, projected residency completion dates, and interstate transfer status as requested.

c. The ESO will determine service obligations based on past/combined Chapter 2 STR or Chapter 4 STR use, and initiate recoupment action as needed for officers who fail to complete their contractual service obligation.

**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). Email to [ng.mn.mnarng.mbx.assets-education@army.mil](mailto:ng.mn.mnarng.mbx.assets-education@army.mil).**

FOR THE ADJUTANT GENERAL:

DISTRIBUTION  
A (Army)  
F (Air)

RYAN T. COCHRAN  
COL, IN, MNARNG  
Director of Manpower & Personnel

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**STATE TUITION REIMBURSEMENT PROGRAM**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPLE PURPOSE:** To explain participation requirements for the state tuition reimbursement (STR) program; and to ensure your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements and participation in the STR program 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 appropriations set by the State Legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular that covers this incentive and applicable Minnesota statute.

---

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First, MI)

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

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

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

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

Assigned Unit: \_\_\_\_\_

\_\_\_\_\_ (initial) If this is the first time receiving STR funds, you need to fill out (Annex D-1) Minnesota Direct Deposit Form & W9 or you will not receive payment. Have your unit email the completed forms to ng.mn.mnarng.mbx.assets-education@army.mil.

**A-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (rank, full name), certify that I have 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.

I, \_\_\_\_\_ (rank and full name), **understand that I MUST utilize Federal Tuition Assistance prior to being eligible for State Tuition Reimbursement. The ONLY EXCEPTIONS to this rule will be listed in Annex B-1.**

**A-2. INTRODUCTION.**

a. \_\_\_\_\_ (initial) 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 if 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. \_\_\_\_\_ (initial) I understand that if I do not meet all the criteria outlined in Minnesota National Guard Circular 621-5-1, I may jeopardize my entitlement to receive STR. It is my responsibility to read and understand the policy published 1 July each year.

c.  (initial) I understand the STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year (1 July-30 June) for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities campus undergraduate resident semester-hour rate for undergraduate coursework or 75% resident graduate tuition rate at the U of M Twin Cities campus graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester hour rate at the U of M.

d.  (initial) I understand that if I am designated as a medical professional student as outlined in Chapter 4 and utilizing Chapter 4 Medical Professional STR, the program only reimburses up to 100 percent of tuition cost up to the tuition rate of the University of Minnesota (U of M) Medical School Twin Cities campus, for the current academic year.

e.  (initial) I understand the U of M tuition rates for the current academic year can be found at <https://onestop.umn.edu/finances/tuition>.

f.  (initial) I understand that if I receive certain other benefits as defined in Minnesota National Guard Circular 621-5-1, paragraph 2-8 a. (Federal Tuition Assistance, Chapter 33 Post 9-11 GI Bill or any other federal GI Bill Chapter that pays tuition directly to the institution, and ROTC tuition scholarships) the combination of those benefits and STR cannot exceed 100 percent of tuition charged. I understand that my STR payment request form and tuition statement from my school must reflect the amount of those benefits I receive each term.

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

h.  (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. If I am an ANG member and holds a Community College of Air Force (CCAF) degree, I am still eligible to receive reimbursement for an additional associate degree. STR will fund one of each: certificate, associate, bachelor, master's, and professional/doctorate degree.

### A-3. CRITERIA FOR PARTICIPATION.

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

(1)  (initial) I am an active member of the Minnesota National Guard in the grade of E-1 through O-5 (to include warrant officers). If I am an O-5 promoted to O-6 during a school term, I may receive a final payment for that term only, but I am not eligible to participate in STR for future terms.

(2)  (initial) I successfully completed basic training (BT) or basic military training (BMT); or successfully completed or am projected for ROTC Leadership Training Course; or have received a scholarship offer letter for ROTC or meet MNNG accession option criteria for 09R but am awaiting scholarship start; or am a direct-commissioned officer, AMEDD offer, staff specialist chaplain, or JAG officer.

(3)  (initial) I must maintain an active status in the Minnesota National Guard throughout the entire course/term for which reimbursement is tendered.

(4)  (initial) I understand that the combination of certain benefits defined in Minnesota National Guard Circular 621-5-1 paragraph 2-8a and STR cannot exceed 100 percent of tuition costs.

(5)  (initial if applicable) **I am an Army Officer or Enlisted Soldier.** I understand that I am required to use all available FTA funding (if eligible) to be eligible for STR. I understand that STR may reimburse any remaining amount of tuition after FTA is applied, not to exceed the actual cost of tuition. Once my FTA annual cap has been met, STR may be used without applying for FTA. For a full list of reasons or circumstances why a member wouldn't need to apply for FTA before receiving STR see Annex

B-1. If I am unclear of how to use my education benefits in combination, I will contact the state Education Services Officer for guidance at 651-282-4589.

(6) \_\_\_\_\_ (initial) **If I am a Title 10 or Title 32 Air Guard Officer or Airman.** I understand that if I am put in a Title 10 or Title 32 (AGR, deployment, ADOS, temp AGR, etc.) status at any time, I am required to use all available FTA funding to be eligible for STR. I understand that STR may reimburse any remaining amount of tuition after FTA is applied, not to exceed the actual cost of tuition. Once my FTA annual cap has been met, STR may be used without applying for FTA. In certain circumstances, service members who are not eligible for FTA may be eligible to use STR without first applying for FTA. If I am unclear of how to use my education benefits in combination, I will contact the state Education Services Office for guidance at 651-282-4589.

b. I understand that to receive payment under this program I must follow the rules regarding satisfactory participation and be in good standing for the entire semester/quarter:

(1) \_\_\_\_\_ (initial) No periods of unauthorized absence (AWOL/unexcused absence) within the last 12 months.

(2) \_\_\_\_\_ (initial) No more than four MUTAs (Army) or four periods (Air) of excused absence during the last 12 months. One MUTA/period equals a four-hour training period.

(3) \_\_\_\_\_ (initial) I am currently deployable IAW criteria required for my current duty position. If I'm not currently deployable, I am in one of the following categories: making progress toward deployable status; awaiting a fit-for-duty (FFD) determination by a medical review board (MRB); or found FFD and retained but profiled non-deployable by an MRB.

(4) \_\_\_\_\_ (initial) Not under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy.

(5) \_\_\_\_\_ (initial) Have a passing record ACFT/AFT (Army) or FA (Air) and be in compliance with ABCP standards (Army) and be current on ACFT/AFT or FA and ABCP no later than the last official day of course/term.

c. I understand the following additional requirements:

(1) \_\_\_\_\_ (initial) I or my spouse must attend course(s) taken at an accredited post-secondary educational institution, and the course(s) must be eligible for placement on a transcript from that post-secondary educational institution.

(2) \_\_\_\_\_ (initial) I will not be reimbursed for course(s) that earn continuing education units (CEUs) that are required to maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The Education Services Office is the approval authority for certificate courses that earn CEUs.

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

(4) \_\_\_\_\_ (initial) To use the tuition reimbursement option for spouses, I must have served at least eight years of active drilling, non-ING service in the Minnesota National Guard.

(5) \_\_\_\_\_ (initial) My spouse may use up to 12 semester/17 quarter credits annually, not to exceed my lifetime benefit of 144 semester/208 quarter credits. Spouse tuition reimbursement is counted against my maximum yearly benefit cap of \$18,000 for undergraduate coursework and \$28,000 for graduate coursework.

(6) \_\_\_\_\_ (initial) Course(s) which end after my expiration term of service (ETS) date are not eligible for payment unless I qualify under extended eligibility rules (see Minnesota National Guard Circular 621-5-1, paragraph 2-2 c).

(7) \_\_\_\_\_ (initial) If I receive medical professional STR, I incur a two-year contractual service obligation to the MNNG for every one year of Chapter 4 Medical Professional STR use. My service obligation is based on the policy in effect at the time I began using medical professional STR.

(8) \_\_\_\_\_ (initial) If I utilize a combination of STR under the provisions of Chapter 2 and Chapter 4, the education services office is the final determining authority of my contractual service obligation.

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

(1) \_\_\_\_\_ (initial) Undergraduate coursework. My spouse or I must achieve a grade of "C" or better, "pass", or "satisfactory". Grades of C- and below are not eligible for reimbursement.

(2) \_\_\_\_\_ (initial) Graduate coursework. My spouse or I must achieve a grade of "B" or better, "pass", or "satisfactory". Grades of B- and below are not eligible for reimbursement.

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

#### **A-4. REIMBURSEMENT PROCEDURES.**

a. Memorandum of Understanding (MOU).

(1) \_\_\_\_\_ (initial) I must complete this Memorandum of Understanding form (Annex A-1) and submit it to my unit/squadron/flight/ROM. I will not receive payment until I have an MOU on file in the State Incentives Database.

b. STR Payment Request Processing.

(1) \_\_\_\_\_ (initial) I understand that I must submit the following forms and supporting documents to my unit/squadron/flight/ROM in sufficient time for them to arrive at the education services office no later than 90 days after the last official day of the course/term. Service Members enrolled in accelerated programs, where several terms are completed during a normal semester/quarter schedule, should submit requests in groups that correspond with a normal semester/quarter. Request payment no more than once for each semester: summer II, fall, winter, spring, and summer I terms.

(a) \_\_\_\_\_ (initial) Payment Request Form (Annex A-2).

(b) \_\_\_\_\_ (initial) Grade Report.

(c) \_\_\_\_\_ (initial) Final fee statement 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 (i.e., FTA, federal GI Bill paid directly to the institution, 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) \_\_\_\_\_ (initial) 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. If my Minnesota Direct Deposit Authorization (Annex D-1)

form is not on file, I will forward a current Annex D-1, which includes the W-9 form, to my unit/squadron/flight/ROM administrator.

(2) \_\_\_\_\_ (initial) I understand my signature on Annex A-1 and Annex A-2 verifies all information is true and correct. My signature authorizes the Education Services Office to contact my school to verify information.

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

#### A-5. INCOMPLETE COURSEWORK.

a. \_\_\_\_\_ (initial) I understand if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. \_\_\_\_\_ (initial) Upon completion of the previously incomplete coursework, I must complete a new Payment Request (Annex A-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will submit this request along with the initial payment request form and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

A-6. **TERMINATION.** \_\_\_\_\_ (Initial) I understand the submission of a falsified grade report, transcript, fee statement or Payment Request (Annex A-2), 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. I further understand I may be subject to prosecution under the Minnesota Code of Military Justice (MCMJ) for utilizing a falsified grade report, transcript, or final fee statement.

---

SERVICE MEMBER SIGNATURE

DATE

---

UNIT REPRESENTATIVE SIGNATURE

DATE

**PAYMENT REQUEST FORM**  
**STATE TUITION REIMBURSEMENT PROGRAM**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPLE PURPOSE:** To request tuition reimbursement through the state tuition reimbursement program (STR).

**ROUTINE USES:** To confirm eligibility requirements for the STR program and determine amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report** and **final fee statement**, and submit to your unit. The form must arrive at the education services office **no later than 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.

**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 appropriations set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular that covers this incentive and applicable Minnesota statute.

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

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

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ Member Status: M-Day/Traditional \_\_\_\_\_ AGR \_\_\_\_\_ Dual Status Technician \_\_\_\_\_

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

Spouse Option: Yes \_\_\_\_\_ / No \_\_\_\_\_ Spouse's Name (if using spouse option): \_\_\_\_\_

**Degree Type (check one):**

Certificate (undergraduate/graduate)  
 Associate  
 Baccalaureate degree (undergraduate)  
 Master's degree (graduate)  
 Professional degree (i.e., J.D., D.C., M. Div.)  
 Doctorate (i.e., Ph. D.)

**Enter number of credits completed:**

Summer II (Jul/Aug25) (starting AFTER 1JUL)  
 Fall  
 Winter  
 Spring  
 Summer I (May/Jun26) (starting BEFORE 1JUL)

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 amount of Federal Tuition Assistance (FTA), ROTC tuition scholarship or any federal GI Bill chapter that pays directly to the institution (i.e., Chapter 33 Post 9/11 GI Bill).

Have you completed basic training, basic military training, or are you projected for the ROTC Leadership Training Course? Yes \_\_\_\_\_ / No \_\_\_\_\_ / N/A \_\_\_\_\_ (select N/A for direct commissioned officers)

**ARMY National Guard Only**

Did you receive Federal Tuition Assistance (FTA) funding for this term? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, why did you not apply or receive FTA (**REASON MUST BE LISTED IN ANNEX B-1 TO QUALIFY**).  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes, what was the amount you received from FTA for this term? \$ \_\_\_\_\_

**AIR National Guard Only**

Were you on Title 10 or Title 32 orders while taking your classes for this payment request? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, indicated not eligible: \_\_\_\_\_ "I was not eligible for Federal Tuition Assistance (FTA)"

If yes, what was the amount you received from Federal Tuition Assistance (FTA) for this term? \$\_\_\_\_\_

\*\*\*Need to submit AF Fitness Score Printout and their VMPF-Education/Training Information Printout

Is this the last term before graduation? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your estimated graduation date (MO/YR)? \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed. \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill which were paid directly to the institution (for example, Chapter 33/Post 9/11 GI Bill)? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what was the amount of payment \$\_\_\_\_\_?

What percentage of tuition was paid directly to the school by federal GI Bill? \_\_\_\_\_ %

Did you receive a ROTC scholarship which directly paid tuition to the institution for this school term (**do not include room and board scholarship amount**)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: How much was paid for tuition and fees? \$\_\_\_\_\_ How much was paid for room and board: \$\_\_\_\_\_

**FAILURE TO REPORT THE ABOVE AWARDED AMOUNTS WILL RESULT IN TERMINATION FROM THE STATE TUITION REIMBURSEMENT PROGRAM.**

I verify the address and information on this form is correct. The documentation I have submitted is true and correct. I understand failure to report benefits which directly pay tuition to the institution as listed in the state incentives circular para 2-8a. will result in termination from the STR program for a minimum of one year and possibly result in punitive action through the Minnesota Code of Military Justice.

**Unit administrators use only:**

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

\_\_\_\_\_ Has completed Basic Training, Basic Military Training, has received a scholarship offer letter for ROTC or meet MNNG accession option criteria for 09R but are awaiting scholarship start, or is an SMP contracted ROTC Cadet (not applicable for direct commissioned officers - AMEDD/Chaplain/JAG officers).

\_\_\_\_\_ Has no more than four MUTAs (Army) or four periods (Air) of excused absences within the last 12 months. One MUTA/period equals four-hour training period.

\_\_\_\_\_ Has no MUTAs/periods of unexcused absences within the last 12 months.

\_\_\_\_\_ Is currently deployable 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 toward becoming deployable or is awaiting a fit-for-duty determination by medical review board.

\_\_\_\_\_ Is not under suspension of favorable actions (Army) or UIF (Air) IAW applicable regulation and policy.

\_\_\_\_\_ Had a current passing record ACFT/FA and was compliant with ABCP standards (Army) no later than the last official day of course/term.

\_\_\_\_\_ Service Member has a current (Annex D-1) Minnesota Direct Deposit Form & W9 on file stored in the incentives database or the unit has emailed the completed forms to: ng.mn.mnarng.mbx.assets-education@army.mil.

\_\_\_\_\_ This payment request will be uploaded to the State Incentives Database within 90 days of the course completion date.

Service Member Signature

Date

UNIT REPRESENTATIVE PRINTED NAME

PHONE NUMBER

UNIT REPRESENTATIVE SIGNATURE

DATE

**REASONS FOR NOT BEING REQUIRED TO APPLY FOR FTA**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

This is a list of reasons or circumstances why a Service Member may not be required to apply for and use FTA before using STR.

1. Soldiers who do not meet FTA's GPA requirement. Service Member must submit transcript with every STR request to update Army Ignited GPA.
2. SMs whose school does not have a signed MOU. (School does not accept FTA funding)
3. SM is working for a degree higher than Master's (Doctorate or Professional Degree)
4. ACFT/AFT/ABCP flag data is not correct in Army Ignited due to lag-time between systems or unit errors.
5. SM exhausted FTA credit allotment and/or remaining FTA funding for the fiscal year (1Oct – 30Sep).
6. SM's civilian education code is incorrect in IPPSA. Only applies to bachelor's degree and above. If High School Diploma is not correct, the unit MUST correct prior to applying for FTA.
7. If utilizing Spouse STR (if the spouse is not in the MNNG they will not be eligible for FTA).
8. If SM is using Extended STR, they will not be eligible for FTA.
9. ROTC SMP Cadets that are on any type of scholarship to include room and board are not eligible for FTA.
10. SMs that are in VA work study programs are not eligible for FTA.
11. SM did not complete basic training, basic military training, or advanced individual training within 60 days of school start date.
12. Did not have a CAC in time to apply for FTA.
13. Other circumstances may be considered on a case-by-case basis. Please call the Education Service Office at 651-282-4589 for more information.



## Direct Deposit Authorization for Electronic Funds Transfer

MN Army National Guard  
20 12th Street West  
Saint Paul, MN 55155-2098  
ATTN: Education Services

State Benefits Specialist  
651-282-4589  
[ng.mn.mnarmg.mbx.assets-education@army.mil](mailto:ng.mn.mnarmg.mbx.assets-education@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 \_\_\_\_\_ Supplier ID \_\_\_\_\_ Location \_\_\_\_\_

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

Contact Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Email Address for Payment Notification \_\_\_\_\_  
(if different than above)  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Supplier Tax Information

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

### Current Financial Institution Information

ABA Routing Number \_\_\_\_\_  
Customer Account Number \_\_\_\_\_

### New Account Information

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
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## Completing the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Form

### 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 Supplier ID, 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 "Supplier ID" and "Supplier 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 the form or fax it to the Department of Finance.

Minnesota Management & Budget  
File Maintenance - EFT  
658 Cedar Street, Ste. 400  
St. Paul, MN 55155  
FAX number: (651) 797-1305

### 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)

**W-9**  
 Form (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
2 Business name/disregarded entity name, if different from above					
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					
<input type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <input type="text"/> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ► <input type="text"/>					
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
Exempt payee code (if any) <input type="text"/>					
Exemption from FATCA reporting code (if any) <input type="text"/>					
<small>(Applies to accounts maintained outside the U.S.)</small>					
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)				
6 City, state, and ZIP code					
7 List account number(s) here (optional)					

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR									
Employer identification number									
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►
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Date ►

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its Instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The actual owner <sup>4</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The owner <sup>5</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>6</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.identitytheft.gov](http://www.identitytheft.gov) and Pub. 5027.

Visit [www.irs.gov/identitytheft](http://www.irs.gov/identitytheft) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**EXTENDED STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for the extended state tuition reimbursement (E-STR) program, to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements of participation for the E-STR program 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 E-STR program.

**DISCLAIMER:** The funding available for the E-STR program is limited by appropriation set by the state legislature. This contract is valid for payment provided funds are available in each fiscal year of eligibility. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

---

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, MI)

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

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

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

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

\*\* If this is the first time receiving E-STR funds you need to fill out Annex D-1, Minnesota Direct Deposit Form & W9 or you will not receive payment. Email the completed forms to [ng.mn.mnarng.mbx.assets-education@army.mil](mailto:ng.mn.mnarng.mbx.assets-education@army.mil) \_\_\_\_\_ (initial)

**E-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (full name), certify I have read this memorandum prior to signing and fully understand the policies and procedures of the Minnesota Extended State Tuition Reimbursement (E-STR) program as described in Minnesota National Guard 621-5-1.

**E-2. INTRODUCTION.**

a. \_\_\_\_\_ (initial) The State of Minnesota sponsors the E-STR program. The state legislature appropriates funds for this program biennially. If in the future the state does not fund the E-STR program, or if 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. \_\_\_\_\_ (initial) I understand the E-STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester-hour rate for undergraduate coursework or 75% resident graduate tuition rate at the U of M Twin Cities

graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate of the U of M.

c.  (initial) I understand the U of M tuition rates for the current academic year can be found at <https://onestop.umn.edu/finances/tuition>.

d.  (initial) I understand that if I receive Chapter 33 Post 9/11 GI Bill (or any other federal GI Bill chapter which pays directly to the institution) and/or an ROTC tuition scholarship, the combination of those benefits and E-STR cannot exceed 100 percent of my tuition cost.

e.  (initial) I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

f.  (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. If I am an ANG member that holds a Community College of the Air Force (CCAF) degree, I am still eligible to receive reimbursement for an additional associate degree. STR may be used to fund one degree at each level: certificate, associate, bachelor, master, professional/doctorate degree.

### E-3. CRITERIA FOR PARTICIPATION.

a. I understand the following requirements for participation:

(1)  (initial) I have satisfactorily completed my service contract with the MNNG per paragraph 2-2 of the MN State Circular 621-5-1 and I am not currently serving in any branch of the U.S. Armed Forces.

(2)  (initial) I must attend course(s) taken at an accredited post-secondary educational institution and the course(s) must be eligible for placement on a transcript.

(3)  (initial) Course(s) that earn continuing education units (CEUs) are not eligible for the E-STR program if they are required to obtain or maintain professional licensure (these courses may be paid through other funding sources). Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The Education Services Office is the approval authority for certificate courses that earn CEUs.

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

(5)  (initial) For undergraduate coursework, I must achieve a grade of "C" or better, **Pass**, or **Satisfactory**. I understand the MNNG will not reimburse me for any course from which I **withdraw** or receive a grade of "C-" or below.

(6)  (initial) For graduate coursework, I must achieve a grade of "B" or better, **Pass**, or **Satisfactory**. I understand that the MNNG will not reimburse me for any course from which I **withdraw** or receive a grade of "B-" or lower.

### E-4. REIMBURSEMENT PROCEDURES.

a. I, \_\_\_\_\_ (full name) will read, sign, and submit the Memorandum of Understanding (Annex E-1) to the education services office. I must have a current MOU on file to receive payment.

b. Request for Reimbursement:

(1) \_\_\_\_\_ (initial) I understand I must submit the following forms and supporting documents to the Education Services Office within 90 days after the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during a normal semester/quarter schedule, I will submit requests in groups corresponding with a normal semester/quarter. I will request payment no more than once each semester: fall, winter, spring, summer session I and summer session II terms.

(a) \_\_\_\_\_ (initial) Payment Request Form (Annex E-2).

(b) \_\_\_\_\_ (initial) Grade Report.

(c) \_\_\_\_\_ (initial) Fee statement that clearly shows the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf (i.e., 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) \_\_\_\_\_ (initial) State payments are made via direct deposit using Minnesota Direct Deposit Authorization for EFT (Annex D-1). If my form is not on file, I will email a current Annex D-1, which includes the W-9 form, to ng.mn.mnarng.mbx.assets-education@army.mil.

(2) \_\_\_\_\_ (initial) I understand my signature on this form (Annex E-1) verifies all information is true and correct. My signature also authorizes the Education Services Office to contact my school to verify course grades.

(3) \_\_\_\_\_ (initial) I understand 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.

**E-5. INCOMPLETE COURSEWORK.**

a. Incomplete Coursework.

(1) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

(2) Upon completion of the previously incomplete coursework, I must complete a new payment request form (Annex E-2), requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will submit a new request along with the initial payment request and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

**E-6. TERMINATION.** \_\_\_\_\_ (initial) I understand the submission of a falsified grade report, transcript, fee statement, or payment request form (Annex E-2), or an attempt to receive funds for which I am not eligible, will result in a termination from the E-STR program for a minimum of one year.

**E-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.**

I understand the directives outline herein and the MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota Extended State Tuition Reimbursement program.

I understand I must complete all coursework with at least a "C" grade or better for undergraduate and "B" or better for post-baccalaureate/graduate-level coursework. I understand I am not eligible for reimbursement under the E-STR program if I am currently serving or become an active serving member in any component of the U.S. Armed Forces during the school term for which I am requesting E-STR.

I understand it is my responsibility to ensure my requests for reimbursement are forwarded to the Education Services Office **within 90 days** of the last day of the term.

---

SIGNATURE

---

DATE

**PAYMENT REQUEST FORM**  
**EXTENDED STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the extended state tuition reimbursement (E-STR) program.

**ROUTINE USES:** To confirm eligibility requirements for the E-STR program and determine the amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, attach grade report, and final fee statement, and submit to the education services office. The form must arrive at the education services office no later than 90 days after the last official day of your course/term. Payment requests submitted after 90 days will be returned without action or payment.

**DISCLAIMER:** The funding available for the E-STR program is limited by appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota Statute.

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

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

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

**Degree Type (check one):**

Certificate (undergraduate/graduate)

Associate

Baccalaureate degree (undergraduate)

Master's degree (graduate)

Professional degree (i.e., J.D., D.C., M. Div.)

Doctorate (i.e., Ph. D.)

**Enter number of credits completed:**

Summer II (Jul/Aug25) (classes starting AFTER 1JUL)

Fall

Winter

Spring

Summer I (May/Jun26) (classes starting BEFORE 1JUL)

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.

Is this the last semester before graduation?  Yes  No When is your estimated graduation date? \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed (Annex D-1). \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution?  Yes  No

If YES, what was the amount of payment \$ \_\_\_\_\_?

What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_ %

Did you receive a ROTC scholarship which directly paid tuition to the institution for this school term (do not include room and board scholarship amount)?

Yes  No

If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

Remarks:

I understand the directives outlined herein, the MN, National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota Extended State Tuition Reimbursement program.

SIGNATURE

DATE

**MEMORANDUM OF UNDERSTANDING (MOU)**  
**SURVIVOR STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To explain participation requirements for the survivor state tuition reimbursement (STR) program; to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** To confirm requirements and participation for the STR program 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 E-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. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota Statute.

---

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, MI)

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

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\*\*If this is the first time receiving STR funds you need to fill out the Annex D-1 Minnesota Direct Deposit Form & W9 or you will not receive payment. Email the completed forms to [ng.mn.mnarng.mbx.assets-education@army.mil](mailto:ng.mn.mnarng.mbx.assets-education@army.mil).

**F-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (full name), certify I have read this memorandum prior to signing and understand the policies and procedures of the Minnesota Survivor State Tuition Reimbursement (STR) program as described in Minnesota National Guard Circular 621-5-1.

**F-2. INTRODUCTION.**

a. \_\_\_\_\_ (initial) 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 if 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. \_\_\_\_\_ (initial) I understand the STR program will reimburse me up to 100 percent of semester-hour tuition charged, not to exceed a maximum of \$18,000 per state fiscal year for undergraduate coursework and \$28,000 for graduate coursework. I understand my reimbursement will not exceed 100 percent of the University of Minnesota (U of M) Twin Cities undergraduate campus resident semester-hour rate for undergraduate coursework or 75% resident graduate tuition rate at the U of M Twin Cities graduate school for graduate coursework. The maximum reimbursement for quarter hours is two-thirds (66.6 percent) of the semester-hour rate at the U of M.

c. \_\_\_\_\_ (initial) I understand reimbursement is not authorized for activity fees, computer user fees, registration fees, books, room and board expenses, and other school-related fees.

d. \_\_\_\_\_ (initial) I understand STR will not reimburse an equal or lower level of degree that I already hold. STR may be used to fund one degree at each level: certificate, associate, bachelor, master, and professional/doctorate degree.

**F-3. CRITERIA FOR PARTICPATION.**

a. I understand the following additional requirements:

(1) \_\_\_\_\_ (initial) Course(s) must be taken at an accredited post-secondary educational institution and course(s) are eligible for placement on a transcript from the post-secondary educational institution.

(2) \_\_\_\_\_ (initial) Course(s) that earn continuing education units (CEUs) are not eligible for the STR program if they are required to obtain or maintain professional licensure. Reimbursement may be authorized for some certificate program courses that earn CEUs if they are academic in nature, not required to obtain or maintain professional licensure, and are conducted by an accredited institution. The Education Services Office is the approval authority for certificate courses that earn CEUs.

(3) \_\_\_\_\_ (initial) The maximum lifetime benefit that I may receive under this program is equivalent to 144 semester hour credits/208 quarter hour credits. Additionally, I understand that my Survivor STR entitlement expires on my 24<sup>th</sup> birthday. I understand that I may be paid for the course/term during which I turn 24 years old.

(4) \_\_\_\_\_ (initial) For undergraduate coursework, I must achieve a grade of "C" or better, **Pass**, or **Satisfactory**. I understand that the Minnesota National Guard will not reimburse me for any course from which I **withdraw** or receive a grade of "C-" or lower.

(5) \_\_\_\_\_ (initial) For graduate coursework, I must achieve a grade of "B" or better, **Pass**, or **Satisfactory**. I understand that the Minnesota National Guard will not reimburse me for any course from which I **withdraw** or receive a grade of "B-" or lower.

**F-4. REIMBURSEMENT PROCEDURES.**

a. I will read, sign, and submit the Memorandum of Understanding (MOU), Annex F-1 to the Education Services Office. I will not receive payment until I have an MOU on file in the State Incentives Database.

b. Request for Reimbursement.

(1) \_\_\_\_\_ (initial) I understand I must submit the following forms and supporting documents to the Education Services Office within 90 days of the last official day of the term. If I am enrolled in an accelerated program, where several terms are completed during a normal semester, I will submit requests in groups that correspond with a normal semester. I will request payment no more than once for each semester: fall, winter, spring, summer session I, and summer session II.

(a) \_\_\_\_\_ (initial) Payment Request form (Annex F-2).

(b) \_\_\_\_\_ (initial) Grade report.

(c) \_\_\_\_\_ (initial) Fee statement which clearly shows the amount of tuition charged. My final fee statement must include all other benefits paid, or pending payment, directly to the institution on my behalf: Federal Tuition Assistance (FTA), Chapter 33 Post 9-11 GI Bill or any other federal GI Bill chapter which pays directly to the institution, and/or 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.

(2) \_\_\_\_\_ (initial) I understand that my signature on the Annex F-2 verifies that all information is true and correct. My signature also authorizes the Education Services Office to contact my school to verify course grades.

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

**F-5. INCOMPLETE COURSEWORK.**

a. \_\_\_\_\_ (initial) I understand that if I have an incomplete course, I will request payment for completed course(s) during that course/term within the 90-day suspense. On initial submission, I must annotate the course(s) that are incomplete in the remarks block and the expected completion date.

b. \_\_\_\_\_ (initial) Upon completion of the previously incomplete coursework, I must complete a new Payment Request Form (Annex F-2) requesting reimbursement for only the course(s) that were originally incomplete but are now complete. I will submit a new request along with the initial payment request form and a grade report showing satisfactory completion. Reimbursement may be processed for coursework completed at a later date, provided funds are available.

**F-6. TERMINATION.** I understand the submission of a falsified grade report, transcript, fee statement, or Payment Request Form (Annex F-2), or an attempt to receive funds for which I am not eligible will result in termination from the STR program for a minimum of one year.

**F-7. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.**

I understand the directives outlined herein, the MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota State Survivor Tuition Reimbursement program.

I understand I must complete all coursework with at least a "C" grade or better for undergraduate and "B" or better for post-baccalaureate/graduate-level coursework. I understand it is my responsibility to ensure my requests for reimbursement are forwarded to the Education Services Office **within 90 days** of the last day of the term.

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SIGNATURE

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DATE

**PAYMENT REQUEST FORM**  
**SURVIVOR STATE TUITION REIMBURSEMENT**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPAL PURPOSE:** To request tuition reimbursement through the survivor state tuition reimbursement (STR) program.

**ROUTINE USES:** To confirm eligibility requirements for the Survivor STR program and determine the amount of reimbursement.

**INSTRUCTIONS:** Upon course completion, complete this form, **attach grade report**, and **final fee statement**, and submit to the Education Services Office. The form must arrive at the Education Services Office **no later than 90 days** after the last official day of your course/term. Payment requests submitted after 90 days will be returned without action or payment.

**DISCLAIMER:** The funding available for the Survivor STR program is limited by an appropriation set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota Statute.

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

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

Zip Code: \_\_\_\_\_ Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attended: \_\_\_\_\_ School Year: \_\_\_\_\_

**Degree Type (check one):**

Certificate (undergraduate/graduate)

Associate

Baccalaureate degree (undergraduate)

Master's degree (graduate)

Professional degree (i.e., J.D., D.C., M. Div.)

Doctorate (i.e., Ph. D.)

**Enter number of credits completed:**

Summer II (Jul/Aug25) (classes starting AFTER 1JUL)

Fall

Winter

Spring

Summer I (May/Jun26) (classes starting BEFORE 1JUL)

Total Credits Attempted: \_\_\_\_\_ Credits Eligible for Reimbursement: \_\_\_\_\_ Tuition Charged: \$ \_\_\_\_\_  
 Note: The fee statement or letter from the school must reflect the actual amount of tuition charged.

Is this the last semester before graduation?  Yes  No When is your estimated graduation date? \_\_\_\_\_

My Minnesota Direct Deposit Authorization for EFT form is currently on file or emailed (Annex D-1). \_\_\_\_\_ (initial)

Did you receive any federal GI Bill payments (not including Minnesota GI Bill) which were paid directly to the institution?  Yes  No

If YES, what was the amount of payment \$ \_\_\_\_\_?

What percentage of tuition was paid directly to the school by federal GI Bill this term? \_\_\_\_\_ %

Did you receive an ROTC scholarship which directly paid tuition to the institution for this school term (do not include room and board scholarship amount)?

Yes  No

If YES, what was the amount \$ \_\_\_\_\_ (do not report room and board scholarship)

Remarks:

I understand the directives outlined herein, the MN National Guard Circular 621-5-1 and my responsibilities for participation in the Minnesota Survivor State Tuition Reimbursement program.

SIGNATURE

DATE

**ACKNOWLEDGEMENT OF CONTRACTUAL SERVICE OBLIGATION**  
**CHAPTER 4 MEDICAL PROFESSIONAL STR**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

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

**AUTHORITY:** Minnesota Statute 192.501 Financial Incentives for National Guard Members

**PRINCIPLE PURPOSE:** To establish a contractual obligation IAW policies set forth in MN National Guard Circular 621-5-1

**ROUTINE USES:** To serve as a basis for suspension, termination, and recoupment if contractual obligation requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided, you will not be eligible for Medical Professional State Tuition Reimbursement program.

**DISCLAIMER:** The funding available for the Medical Professional STR program is limited by the appropriations set by the state legislature. Payment is dependent upon the continuation of the program and availability of funds. All members are responsible to read and understand the correlating circular chapter that covers this incentive and applicable Minnesota statute.

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**G-1. ACKNOWLEDGEMENT STATEMENT.**

I, \_\_\_\_\_ (full name), certify I have read this addendum and policy prior to signing and fully understand the policies and procedures of the Medical Professional State Tuition Reimbursement (STR) program (commonly referred to as "Chapter 4 STR") as described in the Minnesota National Guard Circular 621-5-1 Chapter 4, and this acknowledgement of contractual service obligation. By initialing below, I further acknowledge that (initial either "a" or "b"):

a. \_\_\_\_\_ (initial) If I am using Medical Professional STR for the first time, I incur a contractual service obligation to the Minnesota National Guard equal to two years for every one year that I use medical professional STR.

b. \_\_\_\_\_ (initial) If I began using Medical Professional STR during a previous state fiscal year, my contractual service obligation remains IAW the obligation established by the State Incentives Policy that was in effect at that time.

c. \_\_\_\_\_ (initial) One year of Medical Professional STR use equals three academic terms for purposes of determining contractual service obligation.

d. \_\_\_\_\_ (initial) For dentists and physician assistants (PA), this obligation is effective the last day of the last term of reimbursement used or the date professional degree is conferred. This obligation runs concurrently with all other contractual service obligations I may have incurred.

e. \_\_\_\_\_ (initial) For medical doctors, this obligation is effective the day after completion of residency. This obligation runs concurrently with all other contractual service obligations I may have incurred.

f. \_\_\_\_\_ (initial) I understand that I must obtain unrestricted professional licensure as soon as I am eligible and maintain licensure for the duration of my contract. Failure to do so will initiate a recoupment action.

g. \_\_\_\_\_ (initial) Officers with a contractual service obligation to the Minnesota National Guard who interstate transfer for residency must begin serving their contractual obligation within six months of residency completion or recoupment will be initiated.

h. \_\_\_\_\_ (initial) If I use(d) a combination of Chapter 2 STR and Chapter 4 STR for medical, dental, or PA school, the education services office is authorized to calculate my service obligation based on applicable Chapter 4 obligation policy.

i. \_\_\_\_\_ (initial) I understand that I am subject to full or partial recoupment of STR paid if I fail to complete any portion of my contractual service obligation; if I do not successfully complete medical, dental, or PA school or residency; or if I fail to obtain or maintain unrestricted professional licensure.

j. \_\_\_\_\_ (initial) I understand that the specialty I am pursuing must be compatible with service in the MNNG, and that I will not be exempt from my contractual obligation if that is not the case.

**G-2. STATEMENT OF UNDERSTANDING AND COMPLIANCE AGREEMENT.**

*I understand the directives outlined herein, in the MN National Guard Circular 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 REPRESENTATIVE

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DATE

**AIR NATIONAL GUARD STATE INCENTIVE ELIGIBILITY VERIFICATION FORM**  
**MINNESOTA NATIONAL GUARD**  
**2025-2026**

Purpose: This memo is to verify members meet eligibility requirements in accordance with MN National Guard Circular 621-5-1, Minnesota National Guard State Incentive Programs.

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I CERTIFY THE FOLLOWING MEMBERS IS/ARE SATISFACTORY PARTICIPANT/S, MEANING:

- a. Is an active, drilling member of their unit of assignment or attachment.
- b. Has no period of absent without leave/unsatisfactory participation within the last 12 months.
- c. Has no more than four periods of excused absence within the last 12 months (does not apply to state incentives signed after 1 July 2023).
- d. Is currently deployable per criteria required for their current duty position. If not deployable per criteria required for their current duty position. If not deployable, must be making diligent and measurable progress toward becoming deployable, or awaiting a fit-for-duty determination by a medical review board.
- e. Is not under suspension of favorable actions (Army) or UIF (Air) in accordance with applicable regulation and policy.
- f. Is current and passing HT/WT and Fitness.

NAME	ANNIVERSARY	INCENTIVE TYPE (OTHER NOTES)

I certify the members listed above meet eligibility criteria regarding satisfactory participation and attendance IAW MN National Guard Circular 621-5-1, Minnesota National Guard State Incentive Programs.

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COMMANDER NAME

COMMANDER SIGNATURE

DATE

## STR and FTA Flow Chart

Timeline for requesting education benefits for semester hours (SH) terms

\*Term dates reflected do not align with quarter hour (QH) terms but follow the same submission/request timelines for each program.

			Fall Term							
MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
FED GIB APPLY	Request FTA		Verify GIB enrollment Monthly					Request STR		

MN GIB
APPLY

			Spring Term							
OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
FED GIB APPLY	Request FTA		Verify GIB enrollment Monthly					Request STR		

MN GIB
APPLY

			Summer 1							
FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	JUN	JUL	AUG
FED GIB APPLY	Request FTA		Verify GIB enrollment Monthly					Request STR		

MN GIB
APPLY

			Summer 2							
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	JUN	JUL	AUG
FED GIB APPLY	Request FTA		Verify GIB enrollment Monthly					Request STR		

MN GIB
APPLY