

2018 Application Data Verification Form and Checklist

Minnesota Agricultural Education Loan Repayment Program



SECTION 1: APPLICANT INFORMATION		
Name		
Address		
City	State	ZIP Code
File Folder Number (Listed on Educator's License)	Phone Number	
Postsecondary Degree(s)	Postsecondary Institution(s)	
SECTION 2: APPLICANT CERTIFICATION (check boxes)		
<input type="checkbox"/> I certify the information provided on and attached to these forms are true and correct and I promise to provide additional documentation if requested.		
<input type="checkbox"/> I understand the information provided on these forms is used to establish eligibility for the Minnesota Agricultural Education Loan Repayment Program.		
<input type="checkbox"/> I understand if I give false or misleading information on these forms, I may:		
<ul style="list-style-type: none">• be subject to a fine, prison sentence or both; or• be ineligible for future awards from this program; or• be required to repay the total amount of the loan repayment I have received under this program, plus interest at a rate established under section Minnesota Statutes 270C.40.		
Applicant Signature	Date (month, day, year)	
SECTION 3: APPLICATION DATA VERIFICATION PACKET CHECKLIST		
Please ensure the following forms are completed and returned to the Minnesota Office of Higher Education prior to the application verification deadline of <u>September 29, 2018</u> :		
<input type="checkbox"/> Data Verification Form and Checklist		
<input type="checkbox"/> Employment Verification (see page 2)		
<ul style="list-style-type: none">• APPLICANT completes Section 1 and EMPLOYER completes Section 2		
<input type="checkbox"/> Qualified Education Debt Verification (see page 3)		
<ul style="list-style-type: none">• Submit copies of all current qualified student loan statements		
<input type="checkbox"/> Copy of 2017 Federal Income Tax Form 1040, 1040A, or 1040EZ		
<ul style="list-style-type: none">• Do NOT submit your entire tax return packet• Include your 2017 W2s and other income/wage documents• If married and filing <i>jointly</i>, provide any tax forms that would indicate additional income (example: personal business, rental property)• If married and filing <i>separately</i>, submit both your and your spouse's tax forms• If applicant has <i>not filed yet</i>, provide copy of Extension Form 4868, W2s, and other income/wage documents		
<input type="checkbox"/> Service Agreement (see page 4)		
<ul style="list-style-type: none">• Sign agreement to serve as a full-time agricultural educator for a minimum of one-year.		
Mail: MN Office of Higher Education/AgEd, 1450 Energy Park Drive, Suite 350, St. Paul, Minnesota 55108		
Fax: (651) 797-1636 ATTN: AgEd		

2018 Employment Verification

Minnesota Agricultural Education Loan Repayment Program

SECTION 1: APPLICANT		
Name		
Address		
City	State	ZIP Code
School Name (Employer)		
I authorize the above named school to provide employment information requested by the Minnesota Office of Higher Education in conjunction with the Agricultural Education Repayment Program.		
Applicant Signature	Date (month, day, year)	
SECTION 2: EMPLOYMENT VERIFICATION (to be completed by Employer/School)		
The above named employee has applied for the Agricultural Education Repayment Program. Please complete the following section regarding the applicant's intended employment dates, school, and teaching assignment during the 2018-2019 academic year. *Then, return the completed form to the applicant/employee.		
School Name	Type of School (check one) <input type="checkbox"/> District <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Tribal	
As an Authorized Official, I verify that the applicant (check all that apply):		
<input type="checkbox"/> is a fully licensed teacher (not providing classroom instruction on a variance and/or special permission) by the Minnesota Professional Educator Licensing and Standards Board (PELSB); and is		
<input type="checkbox"/> employed full-time by the school in a nonadministrative position to teach agricultural education (any grade from 5 through 12) during 2018-2019 academic year.		
I certify the information provided above is true and complete to the best of my knowledge.		
Signature of Authorized Official	Date (month, day, year)	
Print Name	Title	
Email Address	Telephone Number	
Mail: MN Office of Higher Education/AgEd, 1450 Energy Park Drive, Suite 350, St. Paul, Minnesota 55108 Fax: (651) 797-1636 ATTN: AgEd		

SECTION 1: APPLICANT

Name

SECTION 2: QUALIFIED STUDENT LOAN INFORMATION

ATTACH to this form the most current statements for all **qualified student loans**

A **Qualified Student Loan** is a government, commercial, or foundation loan for actual costs paid for tuition and reasonable educational and living expenses related to a teacher's preparation or further education. This includes:

- Direct/Stafford Subsidized and Unsubsidized Loans
- Federal Family Education Loan (FFEL) Program Loans
- Federal Perkins Loans
- Minnesota SELF Loans
- Other federal or state student loans
- Private or commercial student loans
- Consolidation loan that combined federal and/or private student loans

Parent PLUS loans made under the FFEL and Direct programs to parents of dependent undergraduate students; and Federal Consolidation Loans and Direct Consolidation Loans that repaid a parent PLUS loan are **disqualified**.

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SECTION 1: APPLICANT

Name _____

SECTION 2: SERVICE AGREEMENT

Please carefully review this Service Agreement. The Agreement must be signed and attached to your 2018 Minnesota Agricultural Education Loan Repayment Program application.

In consideration of the Minnesota Agricultural Education Loan Repayment Program (AgEdLRP) incentive for which I qualify under Minnesota Statutes 136A.1794 as implemented by the Minnesota Office of Higher Education (OHE), I hereby agree:

1. To serve as a licensed teacher in a full-time agricultural education position in any grade from grades 5 through 12 at a Minnesota school during the entire 2018-2019 academic year.
2. The student loan repayment incentive is only available to teachers who have student loans qualifying for the AgEdLRP. The incentive will be paid to me by OHE upon completion of this service agreement following spring 2019.
3. This Agreement in no way constitutes a right, promise, or entitlement for student loan repayment incentives beyond the 2018-2019 academic year. I understand that future program offerings and/or lump sum payment levels are dependent on the availability of funding. I understand that renewal is not automatic and that I must apply annually.
4. This Agreement in no way constitutes a right, promise, or entitlement for continued employment and does not alter conditions or terms of employment.
5. Loan repayments made from AgEdLRP funds pursuant to this Agreement do not exempt me from responsibility and/or liability for the full amount of any loan taken out by me.
6. I agree to continue to keep my student loans in good standing and if applicable, make consecutive monthly scheduled payments on my qualifying student loan(s). I understand the AgEdLRP is intended as a supplement to, not a substitute for, my personal payment on my student loan(s).
7. I agree to submit documentation of AgEdLRP funds being paid toward a qualifying student loan in a timely fashion. I understand that failure to provide payment documentation will result in loss of future AgEdLRP eligibility.
Please initial and date that you have read and understand terms and conditions of item 7:
Teacher's Initials: _____ Date: _____
8. I will notify OHE within 30 days of my intention to voluntarily or involuntarily leave a Minnesota school before completing the service agreement commitment period.
9. I understand that OHE does not provide tax advice. I am responsible for consulting a tax professional and adhering to any income tax obligations resulting from the AgEdLRP funds.
10. The student loan repayment benefits made from AgEdLRP funds must not exceed the legislated lifetime maximum of \$15,000.

By signing this Service Agreement, I agree and consent to its terms and conditions.

SIGNATURE: _____ Date: _____

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