

Minnesota State Scholarship Programs  
Online Tools Guide  
2008-2009

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# How to Login to Online Institutional Access

Welcome to the Minnesota Office of Higher Education

MINNESOTA  
OFFICE OF  
HIGHER  
EDUCATION

Main > Home

- Home
- Student Application ▶
- Login For Institutions

Click here to login

**Welcome to the Application Web Site**

# How to Login to Online Institutional Access

Welcome to the Minnesota Office of Higher Education

MINNESOTA  
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HIGHER  
EDUCATION

Main > Login For Institutions

Home

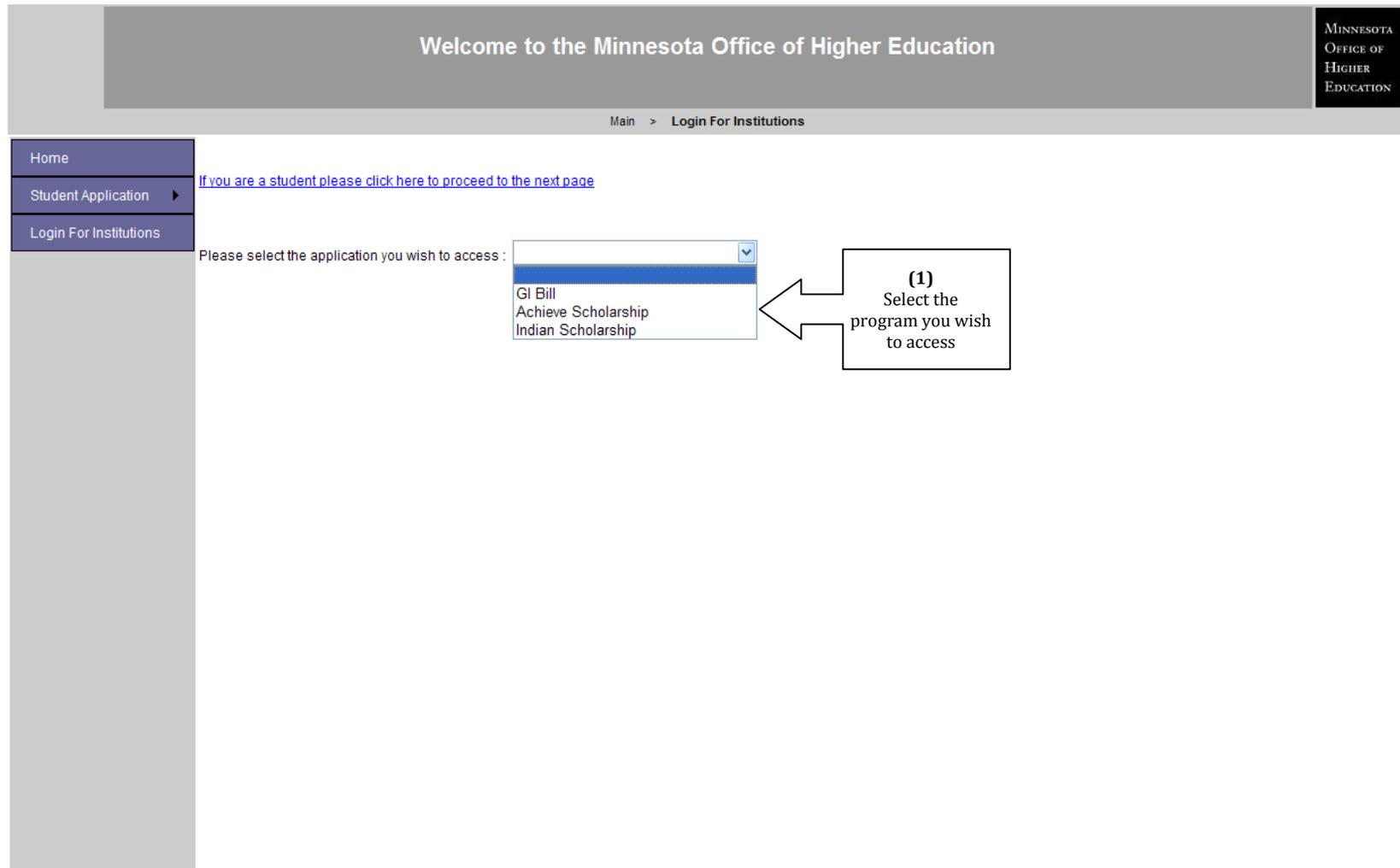
Student Application ▶ [If you are a student please click here to proceed to the next page](#)

Login For Institutions

Please select the application you wish to access :

- GI Bill
- Achieve Scholarship
- Indian Scholarship

**(1)**  
Select the program you wish to access



# How to Login to Online Institutional Access

Welcome to the Minnesota Office of Higher Education

MINNESOTA OFFICE OF HIGHER EDUCATION

Main > Login For Institutions

Home

Student Application ▶ [If you are a student please click here to proceed to the next page](#)

Login For Institutions

Please select the application you wish to access :

Please select the Institution Code :

**(1)**  
Select your school code from the drop down list

**(2)**  
Enter your username and password

**(3)**  
Then, click Log In button

User Name:

Password:

Log In

# Minnesota GI Bill Program – Online Student Application



**Get Ready for College** About Us | FAQ | Site Map | Contact Us

SEARCH   ▶ PREPARING ▶ SELECTING ▶ PAYING

Jump to ...   Home > Paying for College > Military Service Education Benefits > Minnesota GI Bill > Minnesota GI Bill Online Application

- ▶ Financial Aid Estimator
- ▶ What Does College Cost?
- ▶ About Financial Aid
- ▶ Financial Aid You Don't Repay
- ▶ Financial Aid You Must Repay (Student Loans)
- ▶ Financial Aid You Earn
- ▶ Military Service Education Benefits
  - [Aid for Active Duty Personnel Stationed in Minnesota](#)
  - [Aid for Veterans Who Have Completed Active Duty](#)
  - [Aid for Minnesota National Guard Members](#)
  - [Minnesota GI Bill](#)
  - [Minnesota Educational Assistance for War Veterans](#)
  - [Veterans Applying for Federal and Minnesota Financial Aid](#)
  - [Tuition Information for Minnesota Veterans](#)
  - [Tuition Refunds for Students Who Withdraw to Serve](#)
- ▶ Reduced Out-of-State Tuition Options
- ▶ Education Tax Benefits

## Minnesota GI Bill Online Application

[Read instructions](#) before completing application. Be sure to submit your DD-214 form to the Financial Aid Office of the institution you will attend. [Notice to Applicants](#)

Academic Year:

First Name:

Middle Initial:

Last Name:

Social Security Number:  (format: 999999999)

Permanent Home Address:

City, State:  MN

Zip Code:  (format: 55406 or 554061234)

Date of Birth:

Phone:  -

Email Address:

Are you a Minnesota Resident? [Who is a resident?](#)  
 Yes  
 No

Have you completed a FAFSA? [Who is required to complete a FAFSA?](#)  
 Yes  
 No

What postsecondary institution (college) are you attending or plan to attend?

# Minnesota GI Bill Program – Online Student Application

MINNESOTA  
OFFICE OF  
HIGHER  
EDUCATION

## Get Ready for College

About Us | FAQ | Site Map | Contact Us

GO

PREPARING
SELECTING
PAYING

Jump to ... GO

Home > Paying for College > Military Service Education Benefits > Minnesota GI Bill > **Minnesota GI Bill Online Application**

### Minnesota GI Bill Online Application

Check one of the boxes below: [I am a...](#)

Veteran who is serving or has served honorably in the U.S. armed forces at any time on or after September 11, 2001.

Non-veteran who served honorably in the Minnesota National Guard (or any other active or reserve component of the U.S. armed forces) for 5 or more years cumulatively, and any part of that service occurred on or after September 11, 2001.

Surviving spouse of a person who has served in the military at any time on or after September 11, 2001, and who has died as a direct result of military service or who has a total and permanent service-connected disability as rated by the U.S. Veterans Administration.

Dependent of a person who has served in the military at any time on or after September 11, 2001, and who has died as a direct result of military service or who has a total and permanent service-connected disability as rated by the U.S. Veterans Administration.

**PROVIDE A COPY OF SERVICE PERSON'S DD-214 AND ANY DOCUMENTATION TO FINANCIAL AID OFFICE IN SUPPORT OF ITEM CHECKED ABOVE**

**Dates of military service for service person:**

From    To    [select today's date if currently serving](#)

**Periods of active duty for service person:**  
(List only the longest periods of active duty for the service person)

From    To    [select today's date if currently serving](#)

From    To    [select today's date if currently serving](#)

**Select branch of service for service person:**

**Select type of military service for service person:**

**Is the service person still serving?**

Yes  
 No

**If no, did the service person receive an honorable discharge?**

Yes  
 No

- ▶ Financial Aid Estimator
- ▶ What Does College Cost?
- ▶ About Financial Aid
- ▶ Financial Aid You Don't Repay
- ▶ Financial Aid You Must Repay (Student Loans)
- ▶ Financial Aid You Earn
- ▶ Military Service Education Benefits
  - Aid for Active Duty Personnel Stationed in Minnesota
  - Aid for Veterans Who Have Completed Active Duty
  - Aid for Minnesota National Guard Members
  - Minnesota GI Bill
  - Minnesota Educational Assistance for War Veterans
  - Veterans Applying for Federal and Minnesota Financial Aid
  - Tuition Information for Minnesota Veterans
  - Tuition Refunds for Students Who Withdraw to Serve
- ▶ Reduced Out-of-State Tuition Options
- ▶ Education Tax Benefits

No

**List the monthly amounts of all types of federal veterans benefits you will receive:**  
[What are these benefits?](#)

Montgomery GI Bill (Chapter 30, 1606, 1607): \$ .00 per month

Montgomery GI Bill Kicker: \$ .00 per month

Federal Vocational Rehabilitation stipend: \$ .00 per month

Other Federal Veteran's benefits (describe):

Other Federal Veteran's benefits amount: \$ .00 per month

**Have you received Minnesota GI Bill funds at another college during this fiscal year (July 1, 2008 to June 30, 2009)?**

Yes  
 No

**If yes, which college?**

**Will you apply for Federal Tuition Assistance?** [Instructions](#)

Yes  
 No

**STUDENT CERTIFICATION: Please check the box next to each statement indicating you understand the statement:** [Why do I need to check each box?](#)

I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information provided on this application.

I give permission to my college and the Office of Higher Education to verify the information provided on this application with other offices administering veteran's benefits programs.

I give permission to my college and the Office of Higher Education to enter the information from this application onto the web-based application on my behalf.

I certify that the information on this application is true and correct, and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Minnesota GI Bill Program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both, and such action may result in the forfeiture of future awards from this program.

I understand that any changes in my FAFSA, Pell Grant, MN State Grant, Federal VA Benefits may cause my award package to be adjusted.

I understand that all awards are subject to the availability of funds.

[Notice to Applicants](#)

Student's Signature

Date

Submit

# Minnesota GI Bill Program – Online Student Application

**Get Ready for College** MINNESOTA OFFICE OF HIGHER EDUCATION

About Us | FAQ | Site Map | Contact Us

SEARCH  **GO**

Jump to ...  **GO**

**PREPARING** **SELECTING** **PAYING**

Home > Paying for College > Military Service Education Benefits > Minnesota GI Bill > **Minnesota GI Bill Online Application**

## Minnesota GI Bill Online Application

[Print this page](#)

11/18/2008

Dear Joe Scholar,

Your online application for the Minnesota GI Bill has been received. Your school(s) will determine your eligibility and benefit for the Minnesota GI Bill.

In order for your school to determine your eligibility for the Minnesota GI Bill, you may also be required to provide your school with a copy of the service person's DD214 or other documentation to support your eligibility for the Minnesota GI Bill.

Please bring this confirmation and any documentation to your school's financial aid office listed on the application.

The contact information for your school is listed below:

**Augsburg College**  
Campus Box 308  
2211 Riverside Ave  
Minneapolis, MN 55454

Sincerely,  
State Scholarship Program Staff

- Financial Aid Estimator
- What Does College Cost?
- About Financial Aid
- Financial Aid You Don't Repay
- Financial Aid You Must Repay (Student Loans)
- Financial Aid You Earn
- Military Service Education Benefits
  - Aid for Active Duty Personnel Stationed in Minnesota
  - Aid for Veterans Who Have Completed Active Duty
  - Aid for Minnesota National Guard Members
  - Minnesota GI Bill
  - Minnesota Educational Assistance for War Veterans
  - Veterans Applying for Federal and Minnesota Financial Aid
  - Tuition Information for Minnesota Veterans
  - Tuition Refunds for Students Who Withdraw to Serve
- Reduced Out-of-State Tuition Options
- Education Tax Benefits

Welcome to the Minnesota Office of Higher Education

GI Bill

MINNESOTA OFFICE OF HIGHER EDUCATION

Main > Home [Logout](#)

Home

Student Application ▶

Schools ▶

**List of Applications** ▶ Update Student Application

Checklist Calculator for a Student

Estimated Benefit Amount Calculator

View and Update Student Disbursements by Term

Update Contact Information

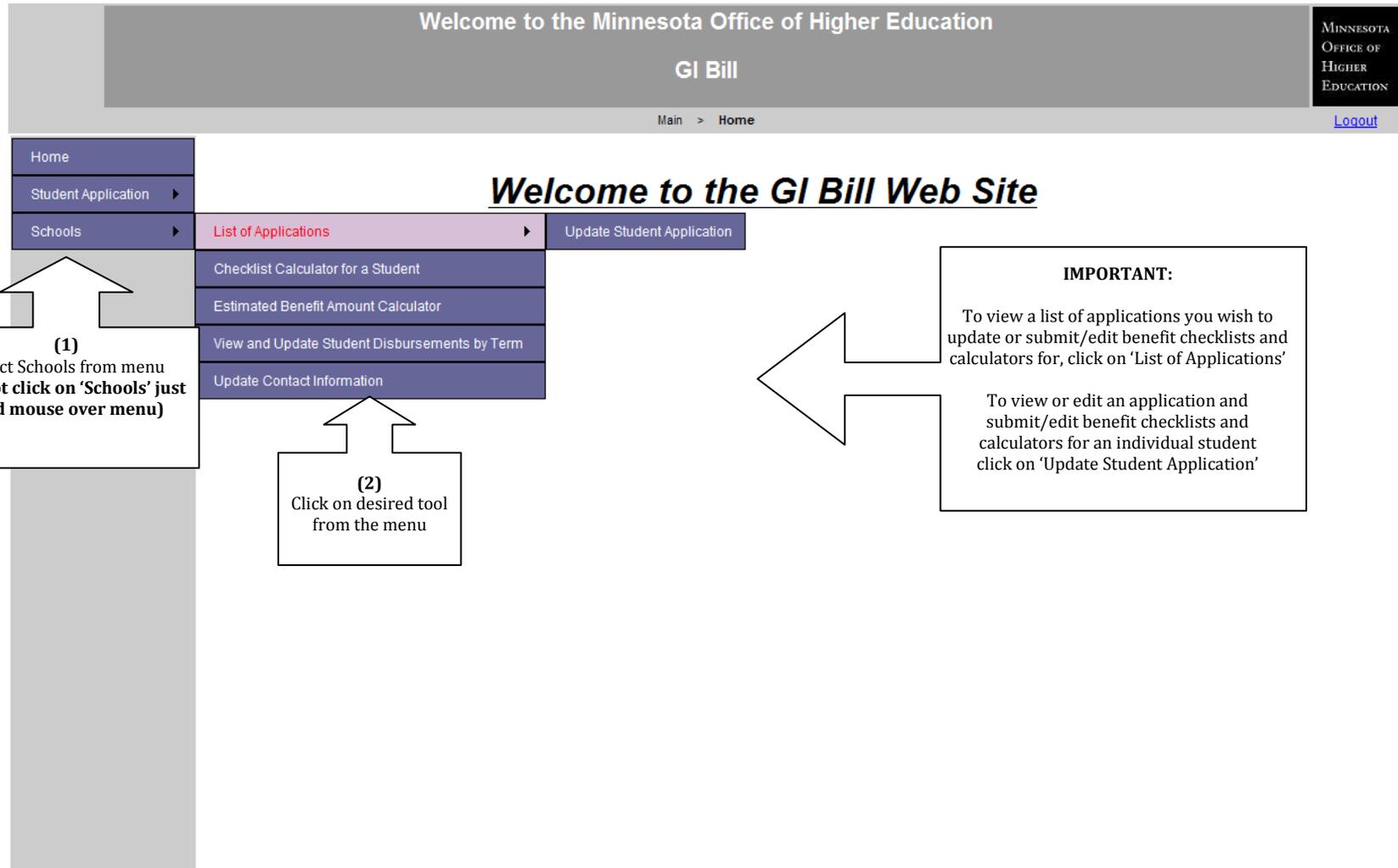
**IMPORTANT:**

To view a list of applications you wish to update or submit/edit benefit checklists and calculators for, click on 'List of Applications'

To view or edit an application and submit/edit benefit checklists and calculators for an individual student click on 'Update Student Application'

**(1)**  
Select Schools from menu  
**(Do not click on 'Schools' just hold mouse over menu)**

**(2)**  
Click on desired tool from the menu



# Minnesota GI Bill Institutional Access

The screenshot shows the 'List of Applications for the Institution' page. At the top, it says 'Welcome to the Minnesota Office of Higher Education' and 'GI Bill'. A breadcrumb trail reads 'Main > Schools > List of Applications'. On the right, there is a 'Logout' link. A left sidebar contains 'Home', 'Student Application', and 'Schools'. The main content area has search filters: 'Aid Year' (2008-2009), 'Name of the Institution' (AUGSBURG COLLEGE), and 'Type' (ALL). A 'Get The List' button is next to the 'Type' dropdown. Below these are filters for letters (A-C, D-F, G-I, J-L, M-O, P-R, S-U, V-X, Y-Z) and a 'Records Per Page' dropdown set to 20. A table lists one application record for the year 2009, with columns for Aid Year, Inst Code, SSN, Last Name, and First Name. An 'Edit Application' button is located to the right of the record. Four callout boxes provide instructions: (1) points to the 'Aid Year' dropdown; (2) points to the 'Type' dropdown; (3) points to the 'Get The List' button; and (4) points to the 'Edit Application' button.

**(1)** Choose desired aid year

**(2)** To see only applications with or without submitted benefit checklists and calculators select desired type from drop down

**(3)** Click on 'Get the List'

**(4)** To view or edit application and benefit checklist and calculator for student, click on 'Edit Application' button associated with student's record

Aid Year	Inst Code	SSN	Last Name	First Name	
2009	002334	987654123	Student	Test	Edit Application

# Minnesota GI Bill Institutional Access

Welcome to the Minnesota Office of Higher Education

GI Bill

Main > Schools > List of Applications > Update Student Application [Logout](#)

Home  
Student Application ▶  
Schools ▶

## 2008-2009 Application for Minnesota GI Bill Program

Read instructions before completing application. Incomplete applications will not be processed. [Read instructions](#)  
Submit this application with your DD-214 form to the Financial Aid Office of the institution you will attend. [Notice to Applicants](#)

Aid Year:  SSN:

Last Name:  First Name:  Middle Name:

Date of Birth (e.g. mm/dd/yyyy):  Tele No (include area code) eg. 123-456-7890:

Permanent Home address:  Email Address:

City:  State:  Zip:

Are you a Minnesota Resident?  Yes  No Have you completed a FAFSA?  Yes  No  
[Who is a MN resident?](#) [Who is required to complete a FAFSA?](#)

Name of the Institution	
1. AUGSBURG COLLEGE	
<i>If Institution Name selected is Other, Please fill the information below:</i>	
Institution Name: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Is the school you are attending or planning on attending located in Minnesota?	<input type="radio"/> Yes <input type="radio"/> No
Is your school licensed or registered by the State of Minnesota?	<input type="radio"/> Yes <input type="radio"/> No
2. <input type="text"/>	
<i>If Institution Name selected is Other, Please fill the information below:</i>	
Institution Name: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Is the school you are attending or planning on attending located in Minnesota?	<input type="radio"/> Yes <input type="radio"/> No
Is your school licensed or registered by the State of Minnesota?	<input type="radio"/> Yes <input type="radio"/> No
3. <input type="text"/>	
<i>If Institution Name selected is Other, Please fill the information below:</i>	
Institution Name: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Is the school you are attending or planning on attending located in Minnesota?	<input type="radio"/> Yes <input type="radio"/> No
Is your school licensed or registered by the State of Minnesota?	<input type="radio"/> Yes <input type="radio"/> No

Displays submitted application information online by student or by school

To make changes to biographical data for student (other than SSN), edit the information and click on 'Submit' at bottom of page

**NOTE:**  
Contact Office of Higher Education to make a change to the SSN

# Minnesota GI Bill Institutional Access

I am (check one of the boxes below): [I am a...](#)

A veteran who is serving or has served honorably in the U.S. armed forces at any time on or after September 11, 2001.  
 A non-veteran who served honorably in the Minnesota National Guard (or any other active or reserve component of the U.S. armed forces) for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001.  
 A surviving spouse  
 Dependent of a person who has served in the military at any time on or after September 11, 2001, and who has died as a direct result of military service or who has a total and permanent service-connected disability as rated by the U.S. Veterans Administration.

**PROVIDE A COPY OF SERVICE PERSON'S DD-214 AND ANY DOCUMENTATION TO FINANCIAL AID OFFICE IN SUPPORT OF ITEM CHECKED IN THIS BOX**

Dates of military service for service person      Periods of active duty for service person  
 (List only the longest periods of active duty for the service person)

From  To       From  To       From  To   
 (e.g. mm/dd/yyyy)      (e.g. mm/dd/yyyy)      (e.g. mm/dd/yyyy)

Select branch of service for service person:       Military service for service person:

Is the service person still serving?       Yes     No

If discharged, did the service member receive an honorable discharge?       Yes     No     Not Applicable

List the monthly amounts of all types of federal veterans benefits you will receive: [What are these benefits?](#)

Montgomery GI Bill (Chapter 30, 1606, 1607):  per month

Montgomery GI Bill Kickler:  per month

Federal Vocational Rehabilitation stipend:  per month

Other Federal Veteran's benefits (describe):

Other Federal Veteran's benefits amount:  per month

Have you received Minnesota GI Bill Funds at another college during this fiscal year (July 1, 2007 to June 30, 2008)?       Yes     No

If yes, which college?

Will you apply for Federal Tuition Assistance? [Instructions](#)       Yes     No

**STUDENT CERTIFICATION** : Please check the box next to each statement indicating you understand the statement: [Why do I need to check each box?](#)

I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information provided on this application.  
 I give permission to my college and the Office of Higher Education to verify the information provided on this application with other offices administering veteran's benefits programs.  
 I give permission to my college and the Office of Higher Education to enter the information from this application onto the web-based application on my behalf.  
 I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Minnesota GI Bill program and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both, and such action may result in the forfeiture of future awards from this program.  
 I understand that any changes in my FAFSA, Pell Grant, MN State Grant, Federal VA Benefits may cause my award package to be adjusted.  
 I understand that all awards are subject to the availability of funds.

[Notice to Applicants](#)

Student's Signature       Date (mm/dd/yyyy)

Entered By

**NOTE:**  
 Do not make changes to other application information (Other benefits, military service dates, etc.) it will be verified using the benefit checklist and calculator

If changes are made to biographical data, complete the 'Entered By' field with your name and click on 'Submit'

To view/submit/update benefit checklist and calculator for student, click on 'Calculator'

# Minnesota GI Bill Institutional Access

Welcome to the Minnesota Office of Higher Education

GI Bill

MINNESOTA  
OFFICE OF  
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EDUCATION

Main > Schools > Checklist Calculator for a Student

[Logout](#)

- Home
- Student Application ▶
- Schools ▶

## 2008-2009 Minnesota GI Bill Eligibility Checklist and Calculator

Places marked with (\*) indicates data is required.

Aid Year \*  Institution Name \*   
SSN \*  Term \*

### Student Information

Last Name	<input type="text" value="Student"/>	First Name	<input type="text" value="Test"/>
Middle Name	<input type="text"/>		
Date of Birth	<input type="text" value="01/15/1990"/>	Student is a MN Resident * <a href="#">Who is a MN resident?</a>	<input type="text" value="Yes"/>
Student FAFSA on file? * <a href="#">Who must complete a FAFSA?</a>	<input type="text" value="Yes"/>	Program Level * <a href="#">What does this mean?</a>	<input type="text" value="2-Year"/>
Student is a ... * <a href="#">How do you know?</a>	<input type="text" value="Veteran"/>	Required Documentation received? * <a href="#">What does this mean?</a>	<input type="text" value="Yes"/>

### Service Member Information

Military Service Dates * <a href="#">How do you know?</a>	Active Duty Dates * <a href="#">How do you know?</a>		
From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	<input type="button" value="Update Values"/>	
	From <input type="text"/> To <input type="text"/>		
Number of Military Service Days (Calculated from above)	<input type="text" value="2467"/>	Number of Active Duty Days (Calculated from above) Needs to reflect the longest consecutive period listed above.	<input type="text" value="0"/>
Service Member Branch of Service * <a href="#">How do you know?</a>	<input type="text" value="Army"/>	Type of Service * <a href="#">How do you know?</a>	<input type="text" value="Regular"/>
		Is the service member still serving? *	<input type="text" value="Yes"/>
		If discharged, did the service member receive an honorable discharge? * <a href="#">How do you know?</a>	<input type="text" value="Not Applicable"/>

(1)  
Select desired term to submit, view or edit a Benefit Checklist and Calculator for that specific term

(2)  
Click on 'Get Data' button

# Minnesota GI Bill Institutional Access

Places marked with ( \* ) indicates data is required.

Aid Year \*  Institution Name \*

SSN \*  Term \*

### Student Information

Last Name	<input type="text" value="Student"/>	First Name	<input type="text" value="Test"/>
Middle Name	<input type="text"/>		
Date of Birth	<input type="text" value="1/15/1990"/>	Student is a MN Resident * <a href="#">Who is a MN resident?</a>	<input type="text" value="Yes"/>
Student FAFSA on file ? * <a href="#">Who must complete a FAFSA?</a>	<input type="text" value="Yes"/>	Program Level * <a href="#">What does this mean?</a>	<input type="text" value="2-Year"/>
Student is a .... * <a href="#">How do you know?</a>	<input type="text" value="Veteran"/>	Required Documentation received ? * <a href="#">What does this mean?</a>	<input type="text" value="Yes"/>

### Service Member Information

Military Service Dates * <a href="#">How do you know?</a>	Active Duty Dates * <a href="#">How do you know?</a>	<input type="button" value="Update Values"/>	
From <input type="text" value="01/01/2002"/> To <input type="text" value="10/03/2008"/>	From <input type="text"/> To <input type="text"/>		
Number of Military Service Days (Calculated from above)	<input type="text" value="2467"/>	Number of Active Duty Days (Calculated from above) Needs to reflect the longest consecutive period listed above.	<input type="text" value="0"/>
Service Member Branch of Service * <a href="#">How do you know?</a>	<input type="text" value="Army"/>	Type of Service * <a href="#">How do you know?</a>	<input type="text" value="Regular"/>
		Is the service member still serving ? *	<input type="text" value="Yes"/>
		If discharged, did the service member receive an honorable discharge? * <a href="#">How do you know?</a>	<input type="text" value="Not Applicable"/>

**(1)**  
Enter, verify and/or edit Student and Service Member information

**NOTE:**  
Some information is pre-populated from student application information however it must still be verified by institution

## Minnesota GI Bill Institutional Access

### Benefit Amount Calculator

Do student and service member meet residency and military service eligibility requirements ? *	<input type="text" value="Yes"/>	Expected Disbursement Date	<input type="text"/>
Enrollment Level	<input type="text"/>	Enrollment Status (Enrolled or Withdrawn)*	<input type="text" value="Enrolled"/>
Institution's Full-Time Annual State Grant Budget *	<input type="text"/>	MN GI Bill Full Time Annual Cost of Attendance	<input type="text"/>
MN GI Bill Full Time Term Cost of Attendance	<input type="text"/>	Proration Multiplier for Enrollment Level	<input type="text"/>

Number of Terms/Payment Periods in School's Academic Year *	<input type="text" value="0"/>
Number of Credits for which student is enrolled for Term *	<input type="text" value="0"/>
MN GI Bill Full Time Term Cost Of Attendance (Prorated for Enrollment Level)	<input type="text"/>
Student Term Federal Pell Grant Amount	<input type="text"/>
Student Term State Grant Amount	<input type="text"/>
Student Term Montgomery GI Bill (Chapter 30, 1606, 1607)	<input type="text" value="3000"/>
Student Term Montgomery GI Bill Kicker	<input type="text" value="0"/>
Student Term Federal VA Vocational Rehabilitation Stipend	<input type="text" value="0"/>
Student Term Federal Tuition Assistance	<input type="text" value="0"/>
Student Term Other Federal Veteran Benefits	<input type="text" value="0"/>
Student Term Remaining Need	<input type="text"/>
Student Term MN GI Bill Award Amount	<input type="text"/>
Student Term Disbursed Award Amount	<input type="text"/>

School Official Name *	Date Award Calculated
------------------------	-----------------------

**(2)**  
Complete all required fields marked with (\*) including School Official Name and Date Award Calculated

**(3)**  
Click on 'Calculate'

**(4)**  
To save benefit checklist and calculator, click on 'Save'

Home

Student Application ▶

Schools ▶

List of Applications ▶

Update Student Application

Checklist Calculator for a Student

Estimated Benefit Amount Calculator

View and Update Student Disbursements by Term

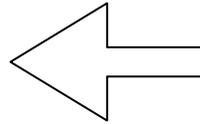
Update Contact Information

## Welcome to the GI Bill Web Site

**IMPORTANT:**

To view a list of students with submitted Benefit Checklists and Calculators and update disbursements by term

Click on 'View and Update Student Disbursements by Term'



# Minnesota GI Bill Institutional Access

Welcome to the Minnesota Office of Higher Education

GI Bill

MINNESOTA  
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Main > Schools > View and Update Student Disbursements by Term

[Logout](#)

- Home
- Student Application >
- Schools >

## View and Update Student Disbursements by Term

Aid year: 2008-2009

Institution: AUGSBURG COLLEGE

Term: Fall

[Get Data](#)

Records Per Page: 1

	SSN	Last Name	First Name	Date Added	Term Award	Disbursed Amount
<a href="#">Edit</a>	987654123	Student	Test	11/18/2008	1000	0

(1)  
Select desired term

(2)  
Click 'Get Data'

(3)  
To update disbursement amount for an individual student, click on 'Edit' next to student's name

# Minnesota GI Bill Institutional Access

Welcome to the Minnesota Office of Higher Education

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MINNESOTA  
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EDUCATION

Main > Schools > View and Update Student Disbursements by Term

[Logout](#)

- Home
- Student Application ▶
- Schools ▶

## View and Update Student Disbursements by Term

Aid year:  Institution:  Term:    
Records Per Page:

	SSN	Last Name	First Name	Date Added	Term Award	Disbursed Amount
<a href="#">Update</a> <a href="#">Cancel</a>	987654123	Student	Test	11/18/2008	1000	<input type="text" value="0"/>

**(2)**  
To save disbursement amount, click on 'Update'

**(1)**  
Enter amount disbursed to student  
**Note:**  
Amount cannot be more than Term Award

# Minnesota Achieve Scholarship Online Student Application

Welcome to the Minnesota Office of Higher Education

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HIGHER  
EDUCATION

## 2008-2009 Minnesota Achieve Scholarship Application

Read instructions before completing application. Incomplete applications will not be processed. [Read Instructions](#)  
Submit this application with your **Official High School transcript** to the Minnesota Office of Higher Education. [Notice to Applicants](#)

Aid Year:

Last Name:  First Name:  Middle:

SSN:  Date of Birth:  Phone:   
(123456789) (mm/dd/yyyy) (23-456-7890 include area code)

Permanent Home Address:

City:  State:

Email:

Are you a Minnesota resident?  Yes  No Have you completed a FAFSA?  Yes  No  
[Who is a resident?](#)

Which rigorous program of study did you complete in high school? [\(see instructions\)](#)

- 1. A set of courses similar to the State Scholars Initiative
- 2. Advanced Placement (AP) or International Baccalaureate (IB) courses and passing test scores
- 3. Minnesota Coursework Requirements
- 4. Minnesota Dual Credit Program

**PROVIDE AN OFFICIAL COPY OF YOUR COMPLETE HIGH SCHOOL TRANSCRIPT AND ANY REQUIRED DOCUMENTATION WITH THE APPLICATION TO THE MN OFFICE OF HIGHER EDUCATION IN SUPPORT OF THE ITEM CHECKED ABOVE.**

Did you complete and receive at least a grade of C for all the courses that comprise the rigorous program(s) of study you checked?  Yes  No

Did you graduate from a Minnesota high school?  Yes  No

What is your high school graduation date? (mm/dd/yyyy)  (mm/dd/yyyy)

In the previous calendar year was your family adjusted gross income less than \$75,000 [\(see instructions\)](#)?  Yes  No

**STUDENT CERTIFICATION:** Please check the box next to each statement indicating that you understand the statement: [Why do I need to check each box?](#)

- I understand and accept the obligation to provide a written report to the Office of Higher Education of any changes in information provided on this application.
- I give permission to my college, my high school and the Office of Higher Education to verify the information provided with other offices administering financial aid programs.
- I give permission to my college to release information regarding my college application, enrollment and grade performance to the Office of Higher Education for use in awarding scholarship and for use in evaluation reports for the program.
- I give permission to my college and the Office of Higher Education to enter the information from this application onto the web-based application on my behalf.
- I certify that the information on this application is true and correct.
- I promise to provide additional documentation if requested.
- I understand that this form is used to establish eligibility for the Minnesota Achieve Scholarship and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such may result in the forfeiture of future awards from this program.
- I understand that all awards are subject to the availability of funds.

Student's Signature:  Date (mm/dd/yyyy):

[Notice to Applicants](#)

## Minnesota Achieve Scholarship Online Student Application

1450 Energy Park Drive, Suite 350  
St Paul, MN 55108-5227

Tel: 651-642-0567  
651-642-0567

E-mail: [info@ohe.state.mn.us](mailto:info@ohe.state.mn.us)  
Web : [www.ohe.state.mn.us](http://www.ohe.state.mn.us)

MINNESOTA  
OFFICE OF  
HIGHER  
EDUCATION

### Minnesota Achieve Scholarship Confirmation of Receipt of Complete Online Application

11/18/2008

Dear Test Student,

Your online application for the Minnesota Achieve Scholarship has been received.

In order for the Minnesota Office of Higher Education to complete your application and determine your eligibility for the Minnesota Achieve Scholarship, you must provide a copy of your **complete** official high school transcript and any additional required documentation. Your official **complete** high school transcript must include your graduation date indicating that you have graduated from high school after January 1, 2008.

If you selected a Rigorous Program of Study that includes Advanced Placement (AP) or International Baccalaureate (IB) passing test scores and your test scores are not listed on your official high school transcript, please provide official documentation of your passing test scores.

If you selected a Rigorous Program of Study that includes college credits and the college credits are not listed on your official high school transcript, please also provide a copy of your official college transcript.

All required documentation described above should be submitted within 10 days. If you have not graduated from high school, all required documentation should be submitted within 10 days of your high school graduation.

All documentation should be submitted to:

**Achieve Scholarship Minnesota Office of Higher Education**  
1450 Energy Park Drive, Suite 350  
Saint Paul, Minnesota 55108  
(651) 642-0567  
(800) 657-3866

Sincerely,

State Scholarship Program Staff

Welcome to the Minnesota Office of Higher Education  
Achieve Scholarship

Main > Home

MINNESOTA  
OFFICE OF  
HIGHER  
EDUCATION

[Logout](#)

- Home
- Student Application ▶
- Schools ▶

(1)  
Select Schools from menu  
**(Do not click on 'Schools'  
just hold mouse over menu)**

- Update Institution Contact Information
- Student Eligibility Confirmation Roster
- Student Payment Roster
- Student Term Completion Roster

(2)  
Click on  
desired tool  
from the menu

## Welcome to the Achieve Scholarship Web Site

**IMPORTANT:**  
For students to receive payment, schools must confirm their eligibility using the 'Student Eligibility Confirmation Roster'

Payments made can be viewed using the 'Student Payment Roster'

Before second disbursement is scheduled, school must confirm student has successfully completed first term using 'Student Term Completion Roster'

Welcome to the Minnesota Office of Higher Education

**Achieve Scholarship**

Main > Schools > Student Eligibility Confirmation Roster [Logout](#)

Home

Student Application ▶

Schools ▶

Agency ▶

### Student Eligibility Confirmation Roster

Aid Year:

Records Per Page:

Institution:

Term:

	SSN	Last Name	First Name	Verified Date	School Status
<a href="#">Update</a> <a href="#">Cancel</a>	123456789	Student	Test		<input type="radio"/> Eligible <input type="radio"/> Not Enrolled <input type="radio"/> Income Ineligible <input type="radio"/> Other Ineligible
<a href="#">Edit</a>	987654321	Student	Test		<input type="radio"/> Eligible <input type="radio"/> Not Enrolled <input type="radio"/> Income Ineligible <input type="radio"/> Other Ineligible

**(1)**  
Select desired term and click 'Get Roster'

**NOTE:**  
Check all terms students may have acknowledged an incorrect term

**(3)**  
Choose from list of School Statuses for individual student

**(2)**  
To submit school status, click on 'Edit' next to student's SSN

**(4)**  
To save, click on 'Update' next to student's SSN

**IMPORTANT:**  
Use 'Set all students to eligible' if you wish to submit information for all students at once

Will **NOT** save school status information for individual students if you do not use 'Edit' and 'Update' to submit school statuses

Welcome to the Minnesota Office of Higher Education

Achieve Scholarship

MINNESOTA OFFICE OF HIGHER EDUCATION

Main > Schools > Student Payment Roster [Logout](#)

Home  
Student Application ▶  
Schools ▶  
Agency ▶

### Achieve Payment Roster

Aid Year: 2008-2009 Institution: ACADEMY COLLEGE Term: Fall [Get Roster](#)

Records Per Page 20

SSN	Last Name	First Name	Payment Date	Refund Date	Term	Aid Year	Payment Amount
987654321	Student	Test	11/25/2008		F	2009	600
123456789	Student	Test	11/25/2008		F	2009	600

(1) Select desired term  
(2) Click on 'Get Roster'

Welcome to the Minnesota Office of Higher Education

Achieve Scholarship

MINNESOTA OFFICE OF HIGHER EDUCATION

[Logout](#)

Main > Schools > Student Term Completion Roster

Home

Student Application ▶

Schools ▶

Agency ▶

### Student Term Completion Roster

Aid Year: 2008-2009 Institution: ACADEMY COLLEGE Term: Fall Get Roster

Records Per Page 20 Set All Students to Term Completed

**(1)**

To submit term completion info for student in a specific term, select desired term and click on 'Get Roster'

	Inst Code	Inst Name	SSN	Last Name	First Name	Award Type	Term	Term Start Date	Term End Date	MOHE Payment Date	Payment Amount	Successfully Completed Term
<a href="#">Update</a> <a href="#">Cancel</a>	013505	ACADEMY COLLEGE	123456789	Student	Test	Term1	Fall	10/6/2008	12/21/2008	11/25/2008	600	<input type="radio"/> Completed <input type="radio"/> Not Completed <input checked="" type="radio"/> No Data
<a href="#">Edit</a>	013505	ACADEMY COLLEGE	987654321	Student	Test	Term1	Fall	10/6/2008	12/21/2008	11/25/2008	600	No Data

**(2)**

To submit term completion info click on 'Edit' next to student's SSN

**(4)**

To save, click on 'Update' next to student's SSN

**(3)**

Choose from list of term completion options for each individual student

↑

**IMPORTANT:**

Use 'Set all students to term completed' if you wish to submit information for all students at once

Will **NOT** save term completion info for individual students if you do not use 'Edit' and 'Update'

# Minnesota Indian Scholarship Program Online Student Application

**Get Ready for College** About Us | FAQ | Site Map | Contact Us

**MINNESOTA OFFICE OF HIGHER EDUCATION**

SEARCH  **GO**

Jump to ...  **GO**

**PREPARING**   **SELECTING**   **PAYING**

Home > Paying for College > Financial Aid You Don't Repay > Aid for Students with Special Circumstances > Minnesota Indian Scholarship > **Minnesota Indian Scholarship Online Application**

---

## Minnesota Indian Scholarship Online Application

**Academic Year:**  **Terms of Attendance:**

SSI (starts after July 1)  
 Fall  
 Winter  
 Spring  
 SSI (starts before June 30)

**Type of Application:**  
 New (never applied)  
 Renewal (applied to program before)

**First Name:**

**Middle Initial:**

**Last Name:**

**Suffix (Sr., Jr., III, etc.):**

Please list ALL names, including maiden name, that you have used:

**Mailing Address:**

**City, State:**

**Zip Code:**  (format: 55400 or 554001234)

**Permanent Address** (if different from mailing address):

**City, State:**

**Zip Code:**  (format: 55400 or 554001234)

**Marital Status:**  Single  
 Married  
 Other (Divorced, Separated, etc.)

**Gender:**  Male  
 Female

**Social Security Number:**  (format: 000000000)

**Date of Birth:** Month  Day  Year

**Phone:**

**Email Address:**

# Minnesota Indian Scholarship Program Online Student Application

**Get Ready for College**

Home > Paying for College > Financial Aid You Don't Repay > Aid for Students with Special Circumstances > Minnesota Indian Scholarship > **Minnesota Indian Scholarship Online Application**

## Minnesota Indian Scholarship Online Application

College attending:

Eligible Colleges (select one)

Degree seeking:

Major Program:

Date you graduated or expect to graduate: Month  Year

If you graduated from high school, please select your high school and year of graduation. If your high school is not listed, please select OTHER at the end of the menu.

High School:

Year of high school graduation:

If you did not graduate from high school, have you completed a GED?:  
 Yes  
 No

**Get Ready for College**

Home > Paying for College > Financial Aid You Don't Repay > Aid for Students with Special Circumstances > Minnesota Indian Scholarship > **Minnesota Indian Scholarship Online Application**

## Minnesota Indian Scholarship Online Application

Tribal Affiliation  
 Enrolled in Tribe  
 Combination

Note: All new applicants must provide documentation from all tribes verifying 1/4 or more Indian blood. If combination, must provide documentation showing percentage from each tribe.

Please check all tribes with which you are affiliated

<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Mille Lacs	<input type="checkbox"/> Snakee Sioux
<input type="checkbox"/> Grand Portage	<input type="checkbox"/> Nett Lake/Bols Forte	<input type="checkbox"/> Upper Sioux
<input type="checkbox"/> Leech Lake	<input type="checkbox"/> Prairie Island	<input type="checkbox"/> White Earth
<input type="checkbox"/> Lower Sioux	<input type="checkbox"/> Red Lake	

Other tribal affiliation (please list):

Name	Address	City	State	Zip code
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Student Certification and Permission for Release of Information

- I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information provided on this application.
- I give permission to my college, the MISIP and tribal offices to verify the information provided on this application and to obtain information for all funding sources relating to this application and for verifying my degree of Indian ancestry.
- I give permission to my college, the MISIP and tribal officials to enter the information from this application onto the web-based application on my behalf.
- I certify that the information on this application is true and correct and I promise to provide additional documentation if requested.
- I understand that this form is used to establish eligibility for the MISIP and that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both, and such action may result in the forfeiture of future awards from this program.
- I understand that any changes in my FAFSA, Pell Grant, MN State Grant, or other financial aid may cause my scholarship award to be adjusted.
- I understand that all awards are subject to the availability of funds.

I have read and accept the terms.

Signature (type name):

# Minnesota Indian Scholarship Program Online Student Application

MINNESOTA OFFICE OF HIGHER EDUCATION

## Get Ready for College

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PREPARING | SELECTING | PAYING

Home > Paying for College > Financial Aid You Don't Repay > Aid for Students with Special Circumstances > Minnesota Indian Scholarship > Minnesota Indian Scholarship Online Application

### Minnesota Indian Scholarship Online Application

[Print this page](#)

11/18/2008

Dear Joe Scholar,

The student section of your Minnesota Indian Scholarship Program (MISP) Application has been received for the following institution:

**Augsburg College**

Scholarships are awarded on a 'first come - first served' basis based on the date your **complete** application is received at the MISP office at the address listed above or via an online application.

In order for your application to be considered **complete**, you must ensure that the following has been submitted to the address listed below:

- A complete budget sheet completed by a school official in the financial aid office at your college
- Documentation of ¼ Indian Ancestry showing blood quantum must accompany the application unless you have applied for the MISP before and it was submitted with your previous application

Minnesota Indian Scholarship Application  
Minnesota Office of Higher Education  
1450 Energy Park Drive, Suite 350  
Saint Paul, Minnesota 55108

Other Important Information:

- If we require additional information, we will contact you via U.S. mail and/or your submitted email address
- We make every attempt to contact you in regards to your application status via U.S. Mail and/or email, but if it is returned with no forwarding address, notification is sent to your college and will remain as the only notification.
- It is **YOUR** responsibility to get ALL requested information to us as soon as you can, as delays may result in lack of funding.
- Undergraduate students must be registered for ¾ time of more and graduate students at least half time.
- Applications will not be considered for students not registered at the required enrollment level.
- We recommend that you apply for a tribal scholarship as soon as possible

Sincerely,

State Scholarship Program Staff

## MISP Web Access

### Applications

View Submitted Apps

### Budgets

View Budgets

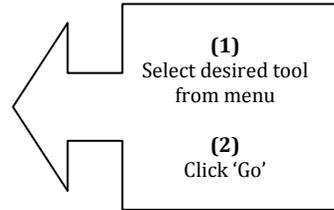
### Reports

Award Roster

Payment Roster

### Contacts

Add/Edit/Delete Contacts



## Minnesota Indian Scholarship Program Institutional Access

**(3)**  
Choose from menu next to student's record to view bio and application info and submit or view school budget sheet

**(4)**  
Click 'Go' button next to student's name

Show applications...

between  
 February 12 2008 and October 20 2008

by aid year *optional*  
 Select

by last name *optional*  
 [enter one or more letters]

by ssn *optional*  
 [enter one or more digits, no hyphen]

Go Main Log Out

**(1)**  
Limit list of applications by using the search tools, if desired

**(2)**  
Click 'Go'

	Student	SSN	DOB	Inst	Verified Tribes	App Rcvd	Doc Status	Residency	Enrollment Status	S2 Status	Fa Status	Wi Status	Sp Status	S1 Status	Entered By	Budget Compl Date
bio go	SCHOLAR / JOHN P	987-65-4321	1/1/1980	AA COLLEGE	Leech Lake	11/25/2008	ok								OHE	
bio app budget go	STUDENT / JAME L	456-78-9123	1/1/1984	AA COLLEGE	Mille Lacs	11/25/2008	ok								OHE	
bio go	STUDENT / TEST Q	123-45-6788	1/1/1986	AA COLLEGE	Mille Lacs	11/25/2008	ok								OHE	

3 Records

App Menu Main Log Out

# Minnesota Indian Scholarship Program Institutional Access

## Minnesota Indian Scholarship Program Budget Form

SCHOLAR, JOHN P • xxx-xx-4321

School Official:  Telephone Number:  -

Institution: AA COLLEGE

Student meets [MN residency requirements](#)?  Yes  No

Current Student Status:  Eligible  Withdrawal  Academic Suspension  In Default on Federal Loan

Current degree student is seeking:  Certificate/Diploma  Associate's  Bachelor's  Graduate/Master's  Doctorate or Professional

Budget Period: From:  Month  Day  Year To:  Month  Day  Year

Total Cost of Attendance for this Budget Period: \$  Parent Contribution: \$  Student Contribution: \$

**IMPORTANT:**

- Please list any grants, scholarships, and institutional aid the student is receiving.
- Please do not list federal or private loans.
- Start Date will determine MISP disbursement date.
- Enrollment level used to determine if student is eligible each term.

**(1)**  
Complete all fields including student's school status, residency, and enrollment info

**NOTE:**  
If school official completing budget sheet is not in financial aid, please confirm all information with FA office before submitting

	SSII	Fall	Winter	Spring	SSI
Start Date (for disbursement)	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
Enrollment Level	Select <input type="text"/>				
Assessed Need (COA - EFC)	\$ <input type="text"/>				
Federal/ State/ College Gift Aid Do not include Loans	PELL	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	SEOG	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	MN ST GT	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Save Printable View Back Main Menu Log Out

**(2)**  
Click on 'Printable View' button to print budget for records, if desired

**(3)**  
Click on 'Save' button to submit/save budget sheet

## Minnesota Indian Scholarship Program Institutional Access

Show awards...

by aid year *optional*

by term *optional*

by last name *optional*  
 [enter one or more letters]

by ssn *optional*  
 [enter one or more digits, no hyphen]

**(1)**  
Limit list of awards by using the search tools, if desired

**(2)**  
Click 'Go'

**(3)**

School must confirm that awarded students are eligible for payment

Click 'Yes' if student is eligible

Select reason from the drop down menu if student is not eligible

To reset eligibility, click 'Reset'

### MISP Award Roster

Student	SSN	DOB	Inst	Year	Term	Award Amount	Eligible for Payment	Student Eligible for Payment?	
<a href="#">SCHOLAR / JOHN P</a>	987-65-4321	1/1/1980	AA COLLEGE	2009	Fa	\$2,000.00	Yes	<input type="button" value="Yes"/>	<input type="text" value="No (select reason)"/> <input type="button" value="Reset"/>
<a href="#">SCHOLAR / JOHN P</a>	987-65-4321	1/1/1980	AA COLLEGE	2009	Sp	\$2,000.00			
<a href="#">STUDENT / JAMIE L</a>	456-78-9123	1/1/1984	AA COLLEGE	2009	Fa	\$2,000.00	Yes	<input type="button" value="Yes"/>	<input type="text" value="No (select reason)"/> <input type="button" value="Reset"/>
<a href="#">STUDENT / JAMIE L</a>	456-78-9123	1/1/1984	AA COLLEGE	2009	Sp	\$2,000.00			
<a href="#">STUDENT / TEST Q</a>	123-45-6788	1/1/1986	AA COLLEGE	2009	Fa	\$2,000.00	Yes	<input type="button" value="Yes"/>	<input type="text" value="No (select reason)"/> <input type="button" value="Reset"/>
<a href="#">STUDENT / TEST Q</a>	123-45-6788	1/1/1986	AA COLLEGE	2009	Sp	\$2,000.00			
<b>Total</b>						<b>\$12,000.00</b>			

- No (select reason)
- Withdrawn
- Academic Suspension
- Not Enrolled/Never Registered
- Other Suspension
- In Default
- Below ¾ Time (undergrad)
- Below ½ Time (graduate)

6 Records

## Minnesota Indian Scholarship Program Institutional Access

Show payments...

between  
 July 1 2008 and June 30 2009

by aid year *optional*  
 Select

by term *optional*  
 Select

by last name *optional*  
 [enter one or more letters]

by ssn *optional*  
 [enter one or more digits, no hyphen]

Go Main Log Out

(1)  
Limit list of payments  
by using the search  
tools, if desired

(2)  
Click 'Go'

(3)  
Print or copy and paste  
roster into a spreadsheet  
to ensure that payments  
are made to the proper  
student accounts

### MISP Payment Roster AA COLLEGE • FFFFFF

<u>Student</u>	SSN	<u>Inst</u>	<u>Term</u>	Award Amount	Date Paid	Refund Amount	Date Refunded
SCHOLAR / JOHN P	987-65-4321	AA COLLEGE	Fa	\$2,000.00	9/20/2008	\$0.00	
STUDENT / JAME L	456-78-9123	AA COLLEGE	Fa	\$2,000.00	9/20/2008	\$0.00	
STUDENT / TEST Q	123-45-6788	AA COLLEGE	Fa	\$2,000.00	9/20/2008	\$0.00	
<b>Total</b>				<b>\$6,000.00</b>		<b>\$0.00</b>	
<b>Net (Awards - Refunds)</b>				<b>\$6,000.00</b>			

3 Records

Payment Menu Main Log Out