

SECTION 1: INSTITUTION INFORMATION

Postsecondary Institution

Contact Name

Phone Number

Address

Email Address

City

State

ZIP Code

SECTION 2: INSTITUTION CERTIFICATION

- ☐ I certify the information provided as part of this application is true and complete, to the best of my knowledge.
- ☐ I certify the residency documentation for each student reported on this application is on file and the documentation confirms each non-beneficiary student reported meets the current definition of a Minnesota Resident Student in Minnesota Statutes 136A.101 Subd. 8.
- ☐ I certify all students reported on this application are considered federal non-beneficiary students and are not enrolled members of a federally recognized American Indian tribe.

President Name (Printed)

Title (Printed)

President Signature

Date (month, day, year)

SECTION 3: APPLICATION CHECKLIST

Please ensure the following is completed and uploaded via a secure web interface provided by Minnesota Office of Higher Education prior to the application deadline of **March 22, 2024**:

- ☐ **Application Form**
- Top portion of this page
 - To be signed by postsecondary institution president
- ☐ **Listing of Non-Beneficiary Minnesota Resident Students**
- Spreadsheet form provided by Minnesota Office of Higher Education
 - To be completed and securely submitted by postsecondary institution using instructions
- ☐ **Audit Report or Financial Statement**
- Attach copy of postsecondary institution's most recent audit report or financial statement
 - To be submitted by postsecondary institution
- ☐ **Detailed account of Tribal College Supplemental Grant Assistance fund expenditures**
- To be submitted by postsecondary institution

If you have questions and for information on how to upload application data, contact:

MN Office of Higher Education
Tribal College Supplemental Grant Assistance 1450
Energy Park Drive, Suite 350
Saint Paul, Minnesota 55108
GWI.OHE@state.mn.us