



MINNESOTA GI BILL – LICENSE & CERTIFICATION APPLICATION

DOCUMENTS REQUIRED WITH APPLICATION

- Application
- Military supporting documentation
- W-9 form
- Direct Deposit form (optional)
- Receipts
- Proof of successful completion of license, certification, exam or course
- Proof of residency

1. Applicant Name (last, first, middle)		
2. Social Security Number	3. Were you a MN resident at time of course, exam or renewal (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Date of Birth
5. Street Address		
6. City & Zip Code <p style="text-align: center;">MN</p>		7. County
8. E-mail	9. Telephone Number ()	
10. I am: <input type="checkbox"/> Active duty service member <input type="checkbox"/> A veteran who is serving or has served honorably in the U.S. armed forces at any time <input type="checkbox"/> A non-veteran who served honorably in the 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 <input type="checkbox"/> A surviving <input type="checkbox"/> spouse or <input type="checkbox"/> dependent of a person who has served in the military 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. Department of Veterans Affairs <p style="text-align: center;">SUPPORTING DOCUMENTATION IS REQUIRED FOR THE ITEM CHECKED ABOVE (See instructions)</p>		
11. Have you ever received any Minnesota GI Bill funds? <input type="checkbox"/> Higher Ed <input type="checkbox"/> OJT/Apprenticeship <input type="checkbox"/> License & Certification If yes, where and when? _____		
APPLICANT CERTIFICATION: Check the box next to each statement indicating that you have read and understand the statement. <input type="checkbox"/> I understand and accept the obligation to provide a written report to MDVA of any changes provided on this application. <input type="checkbox"/> I give permission for MDVA to verify the information provided on this application. <input type="checkbox"/> I certify that the information on this application is true and correct and I will provide additional documentation if requested. <input type="checkbox"/> I understand that this form is used to establish eligibility for the MN GI Bill program and that if I purposely provide false or misleading information on this form, I will be subject to forfeiture of future awards from this program. <input type="checkbox"/> I understand that all awards are subject to the availability of funds.		
12. Name of license, certification, exam or course (Proof of successful completion is required)		
13. Date of completion or renewal	14. Testing location, if applicable	
15. Requested reimbursement amount (Itemized statement is required)		
\$		
Applicant Signature		Date <p style="text-align: center;">/ /</p>

MINNESOTA GI BILL - LICENSE & CERTIFICATION APPLICATION INSTRUCTIONS

Step 1. Applicant completes the application for each license, certification, exam or course.

Step 2. Minnesota Department of Veterans Affairs determines the Minnesota GI Bill benefit amount and notifies eligible applicant.

The Minnesota GI Bill awards:

- Maximum benefit amount of up to \$3,000 per fiscal year (July 1 through June 30); and
- Maximum lifetime (aggregate) benefit of up to \$10,000

The applicant must:

- Be a current Minnesota resident (MN State Statute 197.05b)
- Apply after successful completion of license, certification, exam or course
- Be less than 62 years old by date of license, certification, exam or course
- Be current on child support obligations, if applicable

APPLICATION QUESTIONS

Question #3: MN State Statute 197.05b. For purposes of this section, “resident” means a person living in Minnesota for at least 30 days with the intention of residing in the state and not for any temporary purpose.

An applicant must provide proof of residency at time of exam, course or renewal:

- Valid state driver’s license, state identification card, voter registration card or rent receipt
- Statement by the landlord, apartment manager or homeowner verifying that the individual is residing at the address
- Other form of verification approved by the commissioner

Question #10: In order to be eligible, an applicant must meet one of the following three definitions:

1. **Active duty service member**

- **Must submit a letter from Commander, current orders or Leave and Earnings Statement (LES)**

2. A **veteran** who is serving or has served honorably in the U.S. armed forces at any time and is a

- Service member who was discharged under honorable conditions after serving on active duty for 181 consecutive days or was discharged under honorable conditions due to a disability incurred while on active duty; or
- Service member who has served on active duty for 90 days or more in a foreign country during a “time of hostilities” or received a service-related medical discharge during any period of service in a foreign country during a “time of hostilities”
- **Must submit DD214 (#2, #4 or #6)**

3. 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;

- **Must submit NGB-22, NGB-23, Leave and Earnings Statement (LES) showing Pay Entry Base Date (PEBD) or Retirement Points Summary**

4. A **surviving spouse or dependent** of a person who has served in the military at any time 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. Department of Veterans Affairs. Must be eligible for Chapter 35 or Chapter 33 Fry Scholarship and provide certificate of eligibility.

- **Must submit Certificate of Eligibility (COE) for Chapter 35 or Chapter 33 Fry Scholarship**

Question 12: Provide proper documentation of successful completion of exam, course or renewal is required.

Question 13: Provide date of successful completion of exam, course or renewal is required.

Question 14: Provide location of testing center is required for exam or course.

APPLICANT CERTIFICATION

Check each box to show you have read the statements in this section, sign, date and send application, supporting military service documentation or supporting documentation for dependent, W-9 (required), direct deposit form (optional), receipts and proof of successful completion of license, certification, exam or course to:

mngibill@state.mn.us

or

MDVA Education & Employment

1540 Northway Drive, Room 323B, St. Cloud, MN 56303

For questions, call LinkVet at 888-546-5838