



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS
EDUCATION AND EMPLOYMENT



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2019-2020 Minnesota GI Bill Institutional Request for Participation

Name of Institution:

We would like to participate in the Minnesota GI Bill program during the 2019-2020 academic year.

This Institution agrees to abide by the applicable laws, rules, and policies governing this program as defined in the *Institution Requirement Section* (pg. 5) of the Minnesota GI Bill Manual for Financial Aid Workers.

We do not wish to participate in the Minnesota GI Bill program during the 2019-2020 academic year. **Optional:** Please indicate why your institution will not participate:

\$ _____ **Estimate** of 2019-2020 MN GI Bill funds needed. If your institution has consolidated with another institution be sure to include funds needed for all campuses.

Name of Primary Representative:

Telephone Number:

Email Address:

Signature: