

**STATE OF MINNESOTA  
DEPARTMENT OF VETERANS AFFAIRS  
20 WEST 12<sup>TH</sup> STREET  
ST. PAUL, MN 55155  
(651) 296-2562**

**APPLICATION FOR MINNESOTA VETERAN EDUCATION BENEFIT**

Application for Veteran Education Benefit **MUST** include the following supporting documentation:

1. Copy of your MN Driver's License (or other verification of MN residency).
2. DD Form 214, Report Of Separation.
3. A letter from the U.S. Department of Veterans Affairs stating that you have exhausted **THROUGH USE** all of your federal educational benefits. You may request this letter by calling the VA Regional Office at 1-800-827-1000 or the St. Louis VA Regional Processing Office at 1-888-442-4551.

**Section 1 VETERAN'S INFORMATION**

Name (Last, First, MI)		Social Security Number	VA File Number
Address	City	State	Zip Code
Place of Birth (City & State)	Date of Birth	Phone Number	
Date Entered Active Duty	Entry Place (City & State)	Date Discharged	
Address at Time of Entry into Active Duty			
<p>I hereby apply for Educational Assistance under the provision of MN Statute 197.75. It is my understanding that access to the above information will be provided to the Department of Veterans Affairs staff. No other use, not specifically authorized by law, will be made of this information without my prior consent. I also understand that I am under no obligation to supply the information requested by the application; however, since my eligibility cannot be determined without my providing such information, the consequences of such a refusal would make me ineligible to receive this benefit.</p> <p><b>MY SIGNATURE ON THIS FORM CERTIFIES THAT I WAS A RESIDENT OF MINNESOTA AT THE TIME I ENTERED ACTIVE DUTY (AS EVIDENCED BY MY DD214) AND FOR THE 6 MONTHS PRIOR TO ENTRY ON ACTIVE DUTY.</b></p> <p><b>I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b></p>			
Applicant's Signature		DATE	

**Section 2****SCHOOL INFORMATION**  
**(To be completed by a school representative)**

The applicant is enrolled at this school. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of School		
Address of School    (This is where the approval letter will be sent)		
Printed Name of Person Completing this Form	Title	Phone Number  (      )
Signature		Date

Upon request, this document will be made available in an alternative format. Write to address at the top of this form. TTY/TDD users should contact the Minnesota Relay Service at (651) 297-5353 in the Metro Area or 1-800-627-3529 in greater Minnesota.