OFFICE OF HIGHER EDUCATION

Creating a MNAid Student Portal User Name/Password and Applying for Postsecondary Child Care Grant Program

Please note: These instructions are effective for the 2024-2025 academic year for the Postsecondary Child Care Grant application.

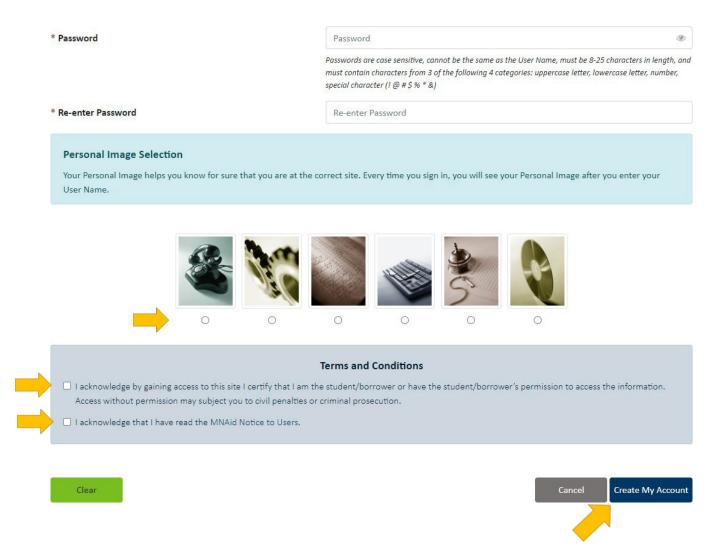
- 1. Navigate to the Student Portal at https://mnaid.guarantorsolutions.com/studentportal/
- 2. If this is your first time accessing the MNAid Student Portal click on the text "If this is your first time..." to create an account. If this is not your first time accessing the MNAid Student Portal, go to step 5.

Log In		
User Name	User Name	
	If this is your first time accessing the Student Portal, click this link to create an account	Forgot user name
	Log In	
_		

3. Create a user name and enter the information for all required fields. Ensure that you are entering your name, SSN and date of birth correctly. The system will use that information to match your account to the FAFSA on file for you.

Create Your Account	
If you are experiencing issues creating your account, please ca 657-3866 #2.	all the Minnesota Office of Higher Education for help at (651) 642-0567 #2 or (800)
* = Required	
* User Name	User Name
* First Name	First Name
Middle Name	Middle Name
* Last Name	Last Name
Social Security Number (SSN) or Applicant ID provided by OHE	If you have applied to the MN Dream Act prior to 2023-2024 and did not provide a Social Security Number, use your Applicant ID as your Social Security Number. If you do not know your Applicant ID, contact the MN Office of Higher Education at (651)355-0615 .
* Date Of Birth (MM/DD/YYYY)	
* Email Address	Email Address
* Re-enter Email Address	Re-enter Email Address
Phone Number	
* Password	Password
	Passwords are case sensitive, cannot be the same as the User Name, must be 8-25 characters in length, and must contain characters from 3 of the following 4 categories: uppercase letter, lowercase letter, number, special character (! @ # \$ % * &)
* Re-enter Password	Re-enter Password

4. Create a password, select your personal image and check the box to acknowledge the Terms and Conditions. Click Create My Account.



5. You will be brought to the Log In screen. Enter your User Name. Select Log In.

User Name	User Name	
	If this is your first time accessing the Student Portal, click this link to create	Forgot user name
	an account	

6. Ensure that the personal image matches the one you selected, enter your password and click Log In.

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7. Select Online Applications.



8. Select the applicable Postsecondary Child Care Grant application link.

lome	Contact OHE	Logout
demo	nstrate financi	al need
	-	
	demo .SB-ap ience f	ome Contact OHE demonstrate financi S8-approved Minne ence to attain their i t receiving assistanc le pursuing a postse

MN Office of Higher Education | Home | Contact OHE

E	nter Postsecondary Child Care Grant Application Academic Year 2024 - 2025
* = Required	
First Name	Wilhemina
* Last Name	Demo
Middle Name	
Date Of Birth (MM/DD/YYYY)	3/14/1992
* Address	
* City	
* County of Residence	
* State	~
* Zip Code	
Phone	
Email Address	
* Re-enter Email Address	

9. Enter information into required fields. Ensure that you are entering your information correctly.

Institution	UNIVERSITY OF MINNESOTA - TWIN CITIES	~
Are you and/or any of your dependents currently receiving MFIP benefits?	← MFIP Flowchart	
Name(s) of MFIP recipients		
' Are you or the other parent receiving child care assistance from some of other ource?	~ 0	,
f yes, please identify source and submit documentation of assistance with your rinted application to a school official at your financial aid office		
Caseworker's Name		
Caseworker's Phone		
ndicate the number of credits for which you intend to register per term: f not attending in a term please enter 0		
* Summer 1		
* Fall		
* Winter		
* Spring		
* Summer 2		
Program in which you are enrolled	○ 4-year Undergraduate	
	 2-year Undergraduate Certificate 	

Children must be 12 years of age or younger, or 14 years	s of age or younger with a disability $ {igodot} $, needing child service on regular basis	s.
Child's First and Last Name	Child's Date of Birth	

10. Read the Student Certification and Permission for Release of Information. Check the box to certify having read and understood the terms and MN Aid Notice to Users. Click Save.

Student Certification

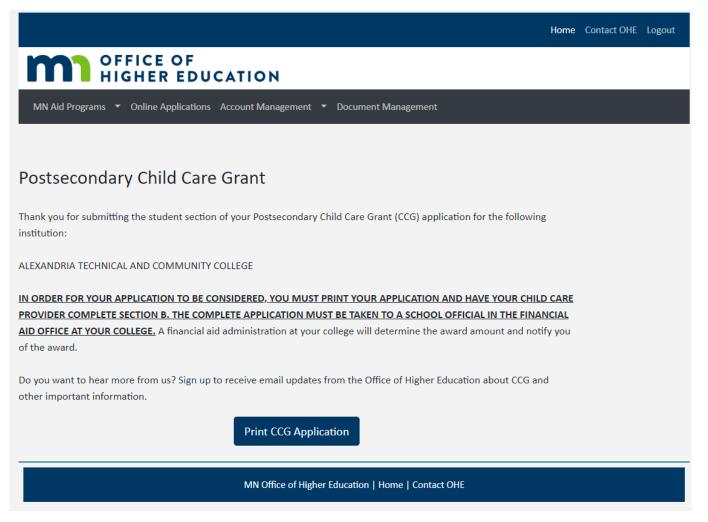
- I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information
 provided on this application within ten (10) days of the change. Changes may include, but are not limited to, my enrollment, FAFSA,
 receipt of MFIP, Basic Sliding Fee or Transition Year benefits, hours of child care, changes in provider, or provider rates, etc. I
 understand that failure to report any changes within ten (10) days will result in cancellation and possible repayment of any
 Postsecondary Child Care Grant.
- I understand that the Postsecondary Child Care Grant must be used to pay my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes. I agree to furnish receipts from my child care provider if requested by the school or the Office of Higher Education staff.
- I give permission to the Office of Higher Education and any school I attend to share information regarding the Postsecondary Child Care Grant with my child care provider(s) and to verify the information on this application. I also give my provider permission to verify the information in the provider's section, when contacted by the school or the Office of Higher Education staff and I understand that my application will be on hold until the provider information has been verified.
- I give permission to the county social servicer agency to release to the school, or the Office of Higher Education, the amount and terms of any MFIP, Transtition Year or Basic Sliding Fee child care benefits I receive from July 1, 2024 to September 30, 2025. I give permission to the school and the Office of Higher Education to report my child care award to my county social service agency if I receive MFIP, Transition Year benefits or Basic Sliding Fee child care assistance during this academic school year.
- I declare that the other parent or legal guardian of my child/children is not capable or available to care for my child/children during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.
- I understand that if I withdraw or reduce my enrollment after receiving a Postsecondary Child Care Grant, all or a portion of the grant will need to be repaid to my college.
- 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 Postsecondary Child Care Grant Program and that if I purposely give
 false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the
 forfeiture or repayment of future awards from this program.

I certify that i have read and understand the above terms and MNAid Notice to Users



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11. Confirmation of your submission appears and an email confirmation will be issued.



- 12. Please make sure that emails received from <u>aid@mnaid.minnesota.gov</u> are filtered to your inbox. Your application and eligibility will now be reviewed. Please monitor your email for updates. If you have any questions regarding your eligibility status, please contact MNAid at 651-642-0567 and select option 2.
- 13. IMPORTANT You must print your CCG Application and bring the paper application to your child care provider. Your child care provider must complete Section B of the application. You will then need to provide a copy of the completed application to the student's college financial aid administrator using the contact information provided on page 4 of your printed application.