


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

 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 call the Minnesota Office of Higher Education for help at (651) 642-0567 #2 or (800) 657-3866 #2.

* = Required

* User Name

* First Name

Middle 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

* Re-enter Email Address

Phone Number

* 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

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

* 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

Personal Image Selection

Your Personal Image helps you know for sure that you are at the correct site. Every time you sign in, you will see your Personal Image after you enter your User Name.



Terms and Conditions



I acknowledge by gaining access to this site I certify that I am the student/borrower or have the student/borrower's permission to access the information. Access without permission may subject you to civil penalties or criminal prosecution.



I acknowledge that I have read the MNAid Notice to Users.

Clear

Cancel

Create My Account



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

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

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

Enter Password

Your Personal Image

Confirm your Personal Image is correct



! If you recognize your Personal Image, you'll know for sure that you are at the correct site. Confirming your Personal Image is also how you'll know that it's safe to enter your Password.


[Incorrect Personal Image showing? Click here.](#)

Password

[Forgot your password? Click here.](#)

7. Select Online Applications.

Home Contact OHE Message OHE Logout



Online Applications Account Management Document Management

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

The screenshot displays the Minnesota Office of Higher Education website. At the top right, there are links for 'Home', 'Contact OHE', and 'Logout'. The main header features the 'm' logo and the text 'OFFICE OF HIGHER EDUCATION'. Below this is a navigation bar with 'MN Aid Programs', 'Online Applications', 'Account Management', and 'Document Management'. The central section is titled 'Online Applications' and contains three distinct blocks:

- Indian Scholarship:** A dark blue header. The text below states: 'Minnesota Indian Scholarship Program provides postsecondary financial assistance to eligible Minnesota resident students who demonstrate financial need for an award.' A link with a right-pointing arrow is labeled 'Indian Scholarship 2024-2025 Application'.
- Student Teacher Grants:** A dark blue header. The text below states: 'The Minnesota Student Teacher Grants provide postsecondary financial assistance to eligible students, who are enrolled in a PELSB-approved Minnesota teacher preparation program, during the term the student is completing the required 12-weeks or more student teaching experience to attain their initial teaching license.' A link with a right-pointing arrow is labeled 'Student Teacher Grants 2024-2025 Application'.
- Postsecondary Child Care Grant:** A dark blue header. The text below states: 'The Minnesota Postsecondary Child Care Grant provides financial assistance to students who have children 12 and under, are not receiving assistance under the Minnesota Family Investment Program (MFIP), and who demonstrate financial need for grants, to help pay for child care while pursuing a postsecondary education.' A link with a right-pointing arrow is labeled 'Postsecondary Child Care Grant 2024-2025 Application'.

At the bottom of the page, a dark blue footer contains the text: 'MN Office of Higher Education | Home | Contact OHE'.

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

**Enter Postsecondary Child Care Grant Application
Academic Year 2024 - 2025**

* = Required

First Name	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="Wilhemina"/>
* Last Name	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="Demo"/>
Middle Name	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Date Of Birth <small>(MM/DD/YYYY)</small>	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="3/14/1992"/>
* Address	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
* City	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
* County of Residence	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
* State	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="▼"/>
* Zip Code	<input style="width: 45%; border: 1px solid #ccc;" type="text"/> - <input style="width: 45%; border: 1px solid #ccc;" type="text"/>
Phone	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Email Address	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
* Re-enter Email Address	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>

*** Institution**

*** Are you and/or any of your dependents currently receiving MFIP benefits?**

Name(s) of MFIP recipients

*** Are you or the other parent receiving child care assistance from some of other source?**

If yes, please identify source and submit documentation of assistance with your printed application to a school official at your financial aid office

Caseworker's Name

Caseworker's Phone

Indicate the number of credits for which you intend to register per term:
If 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
 Graduate/Professional

CHILDREN

Children must be 12 years of age or younger, or 14 years of age or younger with a disability ⓘ , needing child service on regular basis.

Child's First and Last Name	Child's Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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, Transition 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

Save

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

The screenshot shows the MN Office of Higher Education website. At the top right, there are links for "Home", "Contact OHE", and "Logout". The main header features the "mn OFFICE OF HIGHER EDUCATION" logo. Below the header is a navigation bar with "MN Aid Programs", "Online Applications", "Account Management", and "Document Management". The main content area is titled "Postsecondary Child Care Grant". It begins with a thank you message: "Thank you for submitting the student section of your Postsecondary Child Care Grant (CCG) application for the following institution: ALEXANDRIA TECHNICAL AND COMMUNITY COLLEGE". A bolded instruction follows: "IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST PRINT YOUR APPLICATION AND HAVE YOUR CHILD CARE PROVIDER COMPLETE SECTION B. THE COMPLETE APPLICATION MUST BE TAKEN TO A SCHOOL OFFICIAL IN THE FINANCIAL AID OFFICE AT YOUR COLLEGE." Below this is a "Print CCG Application" button. The footer contains "MN Office of Higher Education | Home | Contact OHE".

12. Please make sure that emails received from aid@mnaid.minnesota.gov 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.