



Minnesota State Grant Student Eligibility Questionnaire

M State Aid Award Year _____ Student Name _____ Student ID or Social Security _____

High School Diploma information:

High School Name: _____ City _____ State: _____

Your address at the time you received your high school diploma. If you did not graduate from high school, list N/A.

Address _____ City _____ State: _____

If you did not graduate from high school, did you earn a G.E.D? Yes _____ No _____

If Yes: In which State? _____ Date earned: ____/____/____

Parents' address at the time you completed your Free Application for Federal Student Aid (FAFSA):

City _____ State: _____

Please list **all** the states (or countries) in which you have resided, dates of residence and your reason (e.g., college, employment, military services, place of birth, etc.) in each state.

State	Date of Residence (m/yr)	Reason for Residing in State

*If more space is needed, please list on a separate piece of paper. Include your Name and ID on the paper.

Check any of the following reasons for residing in Minnesota if they apply to **you, your spouse or parent(s)**:

- _____ Active federal military service in Minnesota.
- _____ You are a spouse or dependent of a veteran who is a Minnesota Resident.
- _____ Active member of Minnesota National Guard residing in Minnesota.
- _____ Active Member of the reserve component of the U.S. Armed Forces who resides and whose duty station is located in Minnesota.
- _____ Relocation to Minnesota from presidential disaster are within 12 months of disaster declaration.
- _____ Immediate relocation to Minnesota as a refugee from another country.

Please list the names of **all** colleges you have attended after high school and the dates of attendance for each school. Do not include college courses taken during high school. If you withdrew from college due to a major illness while under the care of a physical, or you withdrew for active military service after December 31, 2002, please note below and provide the necessary documents to your college financial aid administrator.

College(s) Attended:

Name of College	State	Attendance (month/year)	Enrollment Level

*If more space is needed, please list on a separate piece of paper. Include your Name and ID on the paper.

If you are attending a public college in Minnesota, are you receiving tuition reciprocity benefits from a neighboring state? ____ Yes ____ No

If you are currently living outside of Minnesota, are you enrolled in a distance education program offered by a Minnesota college? ____ Yes ____ No

Student Signature _____ Date _____