



# 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 and year you received your diploma. If you did not graduate from high school, list N/A.

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Year earned \_\_\_\_\_

**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 of 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. **RETURN ADDRESS; M STATE PROCESSING, 1414 COLLEGE WAY, FERGUS FALLS, MN 56537**

**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 \_\_\_\_\_