

Minnesota State Grant Program Student Eligibility Questionnaire

Student Name _____ Social Security Number _____

Graduating High School or GED:

Name of high school: _____

City, State: _____ Year: _____

Dependent students only: Where did your parents reside at time of completing the FAFSA:

Address: _____

City, State, ZIP: _____

County: _____

DO NOT LEAVE THIS QUESTION BLANK: List all states and countries where you have resided, the dates of your residence, and the reason for residing (college, employment, military service, place of birth, etc.):

Location	Dates of residence	Reason
_____	from: _____ to: _____	
_____	from: _____ to: _____	
_____	from: _____ to: _____	
_____	from: _____ to: _____	
_____	from: _____ to: _____	

DO NOT LEAVE THIS QUESTION BLANK: List names of all schools you have attended after high school and dates of attendance (beginning to end) for each school. DO NOT include college courses taken during high school. *Academic transcripts may be required before a Minnesota State Grant will be awarded.*

Name of College

Dates of enrollment

_____ to: _____

from: _____

_____ to: _____

from: _____

_____ to: _____

from: _____

_____ to: _____

from: _____

Minnesota State Grant Program Student Eligibility Questionnaire

Signature: _____

This question is OPTIONAL and may be used for scholarship eligibility determination-
Please specify your ethnicity:

White___Hispanic or Latino___Black or African American___Native American or American
Indian___Asian/Pacific Islander___Other (please list)_____