

Minnesota State Grant Program Student Eligibility Questionnaire

****DO NOT COMPLETE WITH PENCIL****

Student Name _____ Student ID # _____

Graduating High School or GED:

Name of high school: _____

City, State: _____ Year: _____

Dependent students only: Where did your parents live when you completed the FAFSA?

Address: _____

City, State, ZIP: _____

County: _____

DO NOT LEAVE THIS 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: _____	_____

DO NOT LEAVE THIS BLANK: List all of the schools you've attended after high school and dates of attendance (beginning to end) for each school. DO NOT include college courses taken during high school. You may need to submit academic transcripts.

Name of College	Dates of enrollment
_____	from: _____ to: _____
_____	from: _____ to: _____
_____	from: _____ to: _____
_____	from: _____ to: _____

Signature: _____ Date: _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native American or American Indian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Black or African American | | |