

# Minnesota State Grant Program Student Eligibility Questionnaire

**\*\*MUST BE COMPLETED IN PEN\*\***

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

## 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: _____	_____

**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
_____	from: _____ to: _____
_____	from: _____ to: _____
_____	from: _____ to: _____
_____	from: _____ to: _____

Signature: \_\_\_\_\_

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 |                                                             | _____                                        |