

MN State Grant Program

Student Eligibility Questionnaire

Student ID # _____

For Office Use Only

This questionnaire is used to determine eligibility for the Minnesota State Grant.

STARID#: _____ Student Name: _____

1. Do you have a high school diploma or G.E.D.?

High School Diploma

G.E.D.

None

If you have a high school diploma or G.E.D., provide the following information:

Date Received: _____ / _____
(month/year)

In what state did you obtain your high school diploma or G.E.D.? If it was obtained outside of the United States, please provide the country.

2. Do you have a Bachelor's Degree? (Note: Answer "yes" to the question if you received a four year degree from a foreign country.)

Yes

No

3. Will you be receiving tuition reciprocity benefits from a neighboring state?

Yes

No

4. Did your parents live in Minnesota on the date the FAFSA was completed?

Yes

No

5. Do you currently live in Minnesota?

Yes

No

If yes, when did you started living in Minnesota? _____ / _____
(month/year)

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Reason for Residing in MN:

- Refugee relocation: Did you live in Minnesota upon your arrival in the United States?
 - Yes
 - No
- Member, spouse, or dependent of a member on active federal military service
- Spouse or dependent of a veteran who is a MN resident
- Person or spouse of a person relocated due to declared presidential disaster
- Active member, spouse or dependent of an active member of the Minnesota National Guard
- Active member, spouse or dependent of an active member of the reserve component of the U.S. armed forces whose duty station is in MN
- Place of birth
- Employment
- Education
- Other: _____

6. Please provide a full history of where you have lived.

State (or Country if outside of the U.S.)	Start Date (month/year)	End Date (Month/Year)	Reason for Residence

8. Please list the names of all colleges/universities (foreign included) you have attended after high school and the dates of attendance for each school.

Name of College/University	Start Date (month/year)	End Date (Month/Year)

Student Signature: _____ Date: _____