

MINNESOTA STATE GRANT QUESTIONNAIRE

Academic Year 2009–2010

DIRECTIONS—

You must sign this form on the back.

One Stop needs further information from you before your financial aid eligibility can be determined. Your aid may not be processed until this form is completed, signed, and returned along with all requested documentation.

Return this form

By mail to:

One Stop Student Services
University of Minnesota, Twin Cities
200 Fraser Hall, 106 Pleasant St. SE
Minneapolis, MN 55455-0422

On campus at:

200 Fraser Hall, East Bank
130 West Bank Skyway, West Bank
130 Coffey Hall, St. Paul

Questions?

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
E-mail: helpingu@umn.edu

To complete online, open in Adobe Reader (free at Adobe.com), not a Web browser, to protect your private information. Place the cursor in a field and type. Print each page when completed. Add the required signature(s) in blue or black ink.

SECTION A. Student information

Student name (Last, first, MI)	Birth date	University ID
Current mailing address (street, city, state, ZIP code)		Telephone number (include area code)

SECTION B. Reciprocity information (all students must complete)

Please note that students receiving reciprocity are not eligible for the Minnesota State Grant.

Will you be receiving Wisconsin, South Dakota, North Dakota, Manitoba, or Michigan reciprocity in 2009–2010? yes no

Will you participate in the Midwest Student Exchange Program (MSEP) in 2009–2010? yes no

If you answered 'yes' to at least one of the above: Please skip to Section G, sign, and return this form to One Stop. You are not eligible for the Minnesota State Grant. If you answered 'no' to both of the above: Please proceed to Section C.

SECTION C. Educational history (all students must complete)

1. By July 1, 2009, will you have graduated from high school? yes no

Name of high school	City	State	Graduation date (mm/yyyy)
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2. By July 1, 2009, will you have obtained a GED in **Minnesota**? A GED is a certificate granted to people who did not graduate from high school, but passed a high school equivalency test. yes no Date of GED _____ State of GED _____

3. List all universities, colleges, and business/technical institutions you have attended beyond high school. Please include the University of Minnesota and military service. **We will request your transcript from any school listed if we do not already have it.**

Name of school	Dates of attendance (mm/yyyy to mm/yyyy)

4. Do you have a four-year undergraduate degree? yes no If yes, awarded by _____ (name of school) When? _____ (mm/yyyy)

SECTION D. Verification of parents' MN residency (all dependent and independent students must complete)

1. Have your parents ever lived in the state of Minnesota? yes no
If yes, please indicate the dates: from _____ to _____.

2. Parent's address at the time your 2009–2010 FAFSA was completed.

Street address	City	State	ZIP
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3. Have you, your parent, or your spouse been relocated to Minnesota with refugee status from another country? yes no
If yes, enter name of country: _____

—Please continue on page 2—



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.

SECTION E. Verification of student's Minnesota residency (all students must complete)

1. Have you maintained continuous residency in the state of Minnesota since birth? yes no
If no, in which state or country did you live prior to residency in Minnesota? _____ Dates: _____ to _____.
2. Dates you have resided in Minnesota (mm/dd/yyyy): from _____ to _____.
3. Dates you have resided at the address given on this form (mm/dd/yyyy): from _____ to _____.
4. Date you became at least a half-time student at a Minnesota post-secondary institution (mm/yyyy): _____.
5. Have you ever received a Minnesota State Grant? yes no
If yes, at which institution? _____.
6. Address at which you resided during your high school attendance:

Street address	City	State	ZIP
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SECTION F. Military or Missionary service history (please complete if applicable to you and your family)

1. Is a member of your immediate family currently engaged in active federal military service in the state of Minnesota?
- Self Date of commencement of service (mm/dd/yyyy): _____.
- Spouse Date of commencement of service (mm/dd/yyyy): _____.
- Parent Date of commencement of service (mm/dd/yyyy): _____.
- None of the above
2. Has a member of your immediate family ever been a member of the U.S. military or a missionary service?
- Self Military Missionary Dates of service (mm/dd/yyyy): from _____ to _____.
- Spouse Military Missionary Dates of service (mm/dd/yyyy): from _____ to _____.
- Parent Military Missionary Dates of service (mm/dd/yyyy): from _____ to _____.
- None of the above
3. Were you, your parent, or your spouse residents of Minnesota prior to entering military or missionary service? yes no
4. If you withdrew from college during a term because you were called to active military service after December 31, 2002, please note here and provide our office with the necessary documentation of this service.

Name of post-secondary school attended prior to active duty	Last term and year before withdrawal
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SECTION G. Signature

I understand that I may be asked to provide documents to prove any information recorded on this form. I certify that the above information is true and complete.

Student's signature	Date
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