

MN STATE PROGRAM STUDENT ELIGIBILITY QUESTIONNAIRE

AID YEAR: _____

Student Name:		Student ID:	
Name and address (city and state) of your high school and year you received your diploma. (Write N/A if you didn't graduate.)		Your address when you received your high school diploma. (Write N/A if you didn't graduate.)	
Did you earn a G.E.D.?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," in which state? _____ If "yes," date earned: ____/____/____			
Please list all the states (or countries) in which you have resided, your dates of residence and your reason for residing (e.g., college, employment, military service, place of birth, etc.) in each state. Please circle any of the following reasons for residing in Minnesota if they apply to you, your spouse or your parent(s): <ul style="list-style-type: none"> • active federal military service in Minnesota • you are a spouse or dependent of a veteran who is a Minnesota resident • active member of Minnesota National Guard residing in Minnesota • active member of the reserve component of the U.S. Armed Forces who resides and whose duty station is located in Minnesota. • relocation to Minnesota from presidential disaster area within 12 months of disaster declaration • immediate relocation to Minnesota as a refugee from another country 			
State	Dates of Residence	Reason for Residing in State	
Please list the names of all schools you have attended after high school and the dates of attendance for each school. Do NOT include college courses taken during high school. If you withdrew from college during a term due to a major illness while under the care of a physician, or you withdrew from active military service after December 31, 2002, please make note of this below and provide the necessary documentation to your college financial aid administrator. PLEASE LIST ALL COLLEGES ATTENDED, EVEN IF YOU DO NOT WISH TO TRANSFER CREDIT.			
Name of College	Dates of Enrollment	Enrollment Level	
_____ Student Signature		_____ Date Form Completed	