

# Minnesota State College Southeast

## Minnesota State Grant Program Student Eligibility Questionnaire 2016-2017

Return completed form to:  
Minnesota State College Southeast  
Financial Aid Office  
308 Pioneer Road  
Red Wing, MN 55066

or

Minnesota State College Southeast  
Financial Aid Office  
1250 Homer Road  
Winona, MN 55987

Print Your Name: \_\_\_\_\_  
Last Name First Name

SSN: \_\_\_\_\_ OR COLLEGE ID# \_\_\_\_\_

1. Did your parent(s) reside in Minnesota on the date you completed the 2016-2017 Free Application for Federal Student Aid (FAFSA)?  Yes  No

2. If you graduated from high school, please provide the name, city and state of your high school and the date in which you received your diploma:

Name of High School: \_\_\_\_\_ Date Diploma Received: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Address: \_\_\_\_\_  
City State

3. If you did not graduate from high school, did you earn your G.E.D.?  Yes  No  
If "yes", in which state? \_\_\_\_\_ and on what date? \_\_\_\_\_ / \_\_\_\_\_  
Month Year

4. Please provide the date you first attended or plan to attend a Minnesota college or technical institution at least half-time (six or more credits): \_\_\_\_\_ / \_\_\_\_\_  
Month Year

5. Date you began or will begin living in Minnesota: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

6. By signing this questionnaire, you are certifying that all of the information reported above is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. You realize that if you don't provide proof when asked, you may not receive aid. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

PTRM: Funds blocked \_\_\_ Yes \_\_\_ No  
APAN for 16-17: MN Resident \_\_\_ Yes \_\_\_ No  
Resident for MNSG: \_\_\_ Yes \_\_\_ No  
MN Residency Status: \_\_\_ Yes \_\_\_ No

If applicable, continuous enrollment verified \_\_\_\_\_