

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 _____