

MINNESOTA STATE GRANT QUESTIONNAIRE

Academic Year 2024-2025

RETURN FORM:

ONLINE:

z.umn.edu/upload-financial-aid-documents

BY MAIL TO:

Office of Student Finance
160 Williamson Hall
231 Pillsbury Dr. SE
Minneapolis, MN 55455-0252

IN PERSON ON CAMPUS AT:

One Stop Student Services
333 Robert H. Bruininks Hall

Contact with questions

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
Email: onestop@umn.edu

DIRECTIONS—

You must sign this form on the back.

In order to determine eligibility for the MN State Grant, please sign and submit your completed form with all requested documentation using the electronic dropbox (z.umn.edu/upload-financial-aid-documents).

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student information															
Legal name (required, last, first, middle initial)	Preferred name (optional)	University ID													
Current mailing address (street, apartment or PO box number, city, state, ZIP code, country)			Phone (include area code)												
SECTION B. Reciprocity information (all students must complete)															
<p>Please note that students receiving reciprocity are not eligible for the Minnesota State Grant.</p> <p>Will you be receiving Wisconsin, South Dakota, North Dakota, or Manitoba reciprocity in 2024-2025? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If you answered 'yes,' 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,' please proceed to Section C.</p>															
SECTION C. Educational history (all students must complete)															
<p>1. By July 1, 2024, will you have graduated from high school? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name of high school</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 25%;">Date of graduation (mm/dd/yyyy)</td> </tr> </table> <p>2. By July 1, 2024, 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. <input type="checkbox"/> yes <input type="checkbox"/> no Date of GED _____ State of GED _____.</p> <p>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 on file.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of school</th> <th style="width: 40%;">Dates of attendance (mm/yyyy to mm/yyyy)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>4. Do you have a four-year undergraduate degree? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, awarded by _____. When? _____.</p>				Name of high school	City	State	Date of graduation (mm/dd/yyyy)	Name of school	Dates of attendance (mm/yyyy to mm/yyyy)						
Name of high school	City	State	Date of graduation (mm/dd/yyyy)												
Name of school	Dates of attendance (mm/yyyy to mm/yyyy)														
Section D. Verification of PARENTS' MN residency (all students must complete)															
<p>1. Have your PARENTS ever lived in the state of Minnesota? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate the dates: from _____ to _____.</p> <p>2. Parent's address at the time your 2024-2025 FAFSA was completed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Street address</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 20%;">ZIP code</td> </tr> </table> <p>3. Have you, your parent, or your spouse been relocated to Minnesota with refugee status from another country? If yes, enter name of country: _____</p>				Street address	City	State	ZIP code								
Street address	City	State	ZIP code												
—Please continue on page 2—															

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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?
 If yes, at which institution? _____.
6. Address at which you resided during your high school attendance:

Street address	City	State	ZIP code
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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 Date of commencement of service (mm/dd/yyyy): _____.
 spouse Military Missionary Date of commencement of service (mm/dd/yyyy): _____.
 parent Military Missionary Date of commencement of service (mm/dd/yyyy): _____.
 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 signature	Date
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