



## MN State Grant Questionnaire

The Office of Financial Aid & Scholarships needs additional information from you before your financial aid eligibility can be determined. Your request for aid cannot be processed until this form is completed, signed, and returned, along with any requested additional information.

## Academic Year 2024-2025

**Return this completed form by:**

**Mail:** Financial Aid & Scholarships  
University of Minnesota Crookston  
2900 University Ave  
Crookston MN 56716  
**Email:** [umc-fa@umn.edu](mailto:umc-fa@umn.edu)

**Questions?**

Ph: 218-281-8550  
[umc-fa@umn.edu](mailto:umc-fa@umn.edu)

Student Information			
Full Name	Birthdate	Social Security Number	Student ID Number
Address (street or PO box, city, state, ZIP)			Contact Phone Number
Educational History			
1. By July 1, 2024, will you have graduated from a <u>Minnesota</u> high school?      Yes      No			
Name of high school	City	State	Date of Graduation
2. By July 1, 2024, will you have obtained a GED in <b>Minnesota</b> ? 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 _____			
Military or Missionary Service History			
1. Have you or your parents ever been a member of the US military service or missionary service?      Yes      No			
2. Were you or your parents' residents of Minnesota prior to entering military or missionary service?      Yes      No			

**Dependent Students Only - Verification of Parents' Minnesota Residency**

Students whose parents were required to provide financial information on the Free Application for Federal Student Aid (FAFSA) must provide the following information. In cases where parents are divorced, provide residency information for the parent whose financial information was reported on the FAFSA.

1. Do your parents live in the state of Minnesota?      Yes      No  
 If yes, please indicate the dates: from \_\_\_\_\_ to \_\_\_\_\_

2. Parents' address at the time the 2024-2025 FAFSA was completed:

Address	City	State	Zip
---------	------	-------	-----

3. Address at which *you* resided during your high school attendance:      from \_\_\_\_\_ to \_\_\_\_\_

Address	City	State	Zip
---------	------	-------	-----

**Independent Students Only - Verification of Student's Minnesota Residency**

1. Have you maintained continuous residency in the State of Minnesota since birth?      Yes      No  
 If not, in which state did you most recently live prior to Minnesota? \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

2. Dates you have resided in Minnesota (mm/dd/yyyy): \_\_\_\_\_ to \_\_\_\_\_

3. Dates you have resided at the address given on this form (mm/dd/yyyy): \_\_\_\_\_ 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

6. Address at which you resided during your high school attendance:

Address	City	State	Zip
---------	------	-------	-----

**Certification**

**You must sign this form certifying that the information you provided is true.** Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.

Signature	Date Signed
-----------	-------------

**\*\*\*For Office Use Only\*\*\***

Counselor's signature	Date
-----------------------	------

Comments