



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 2020-2021

Return this completed form to:

Office of Financial Aid & Scholarships
University of Minnesota Crookston
4 Hill Hall
2900 University Ave
Crookston MN 56716

Questions?

Ph: 800-862-6466
Ph: 218-281-8550
Fax: 218-281-8579
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 (current)
Educational History			
1. By July 1, 2020, will you have graduated from a Minnesota high School? (circle one) Yes No			
Name of high school	City	State	Date of Graduation
2. By July 1, 2020, will you have obtained a GED in Minnesota ? A GED is a certificate granted to people who did not graduation from high school, but passed a high school equivalency test. (circle one) Yes No Date of GED _____			
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.			
Name of School		Dates of attendance (mm/yyyy to mm/yyyy)	
Military or Missionary Service History			
1. Have you or your parents ever been a member of the US military service or missionary service? (circle one) Yes No			
2. Were you or your parents' residents of Minnesota prior to entering military or missionary service? (circle one) Yes No			

Dependent Students Only - Verification of Parents' Minnesota Residency

Students whose parents provided 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? (circle one) Yes No
If yes, please indicate the dates: from _____ to _____

2. Parents' address at the time the 2020-2021 FAFSA was completed:

Address	City	State	Zip
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3. Address at which *you* resided during your high school attendance: from _____ to _____

Address	City	State	Zip
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Independent Students Only - Verification of Student's Minnesota Residency

1. Have you maintained continuous residency on the State of Minnesota since birth? (circle one) Yes No
If no, in which state or country did you live prior to residency in 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? (circle one) Yes No

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

Address	City	State	Zip
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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
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*****For Office Use Only*****

Counselor's signature	Date
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Comments

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