

# MN State Grant Questionnaire

Aid Year:



FINANCIAL AID OFFICE

## Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First MI

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_@my.metrostate.edu Age: \_\_\_\_\_

*Review your answers and make sure the section(s) is/are answered completely. Incomplete forms will delay processing. If additional space is needed, please use the back of this form or include a separate piece of paper.*

## Section A

1) Please check one of the following regarding your High School graduation status. Check only one box and write in the corresponding information:

- I have graduated from a High School located in the U.S.  
 Name of High School: \_\_\_\_\_  
 City & State: \_\_\_\_\_ Graduation Date (MM/YY): \_\_\_\_/\_\_\_\_
- I have received a G.E.D while living in the U.S. Date (MM/YY): \_\_\_\_/\_\_\_\_ City & State: \_\_\_\_\_
- I have graduated from a foreign High School, or received a G.E.D. while residing in a foreign country.  
 City & Country: \_\_\_\_\_ Date of Graduation/G.E.D. Receipt (MM/YY): \_\_\_\_/\_\_\_\_
- I have not graduated from High School and I have not received a G.E.D.

2) I began living in Minnesota on: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR I am not a legal resident of Minnesota   
Month Day Year

3) I am receiving, or I will receive, tuition reciprocity from a neighboring state:  No  Yes If yes, list state: \_\_\_\_\_

4) I began attending, or I plan to begin attending, a MN post-secondary school at least half-time (six or more credits) on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

5) List your places of residence, starting with your place of birth. Include your dates of residence and your reason for residing in each state or country if not in the U.S. (ex: college, employment, military service, family, place of birth, etc.).

Name of State (Country if not in U.S.)	Reason for Residing	Resided From (Month/Year)	To (Month/Year)
	Place of Birth		

## Section B

1) List all the schools you attended after high school and where each school was located, **EVEN IF YOU DO NOT WISH TO TRANSFER CREDIT**. **DO NOT** include college courses taken during high school (PSEO). **DO INCLUDE** schools not located in the United States of America.

Name of School	State/Country Where School was Located	Attended From (Month/Year)	To (Month/Year)

2) As of today, I will have attended three or more years of school beyond high school, including schools located in another country:

Yes  No

If you answered yes, have you submitted your transcripts from the other schools to Metro State?

Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed and signed form to:

Attn: Financial Aid  
 Metropolitan State University  
 700 East Seventh Street  
 Saint Paul, MN 55106-5000

Phone: 651-793-1300  
 Fax: 651-793-1532