MN State Grant Questionnaire

Aid Year:



Fax: 651-793-1532

tudent Information		F	INANCIAL AID OFFICE
Student Name:		Student	ID:
Last	First	MI	·
Phone Number:	Email Address:	@my.m	netrostate.edu Age:
Review your answers and make sure the back of this form or include a separate pi	section(s) is/are answered completely. Incom jece of paper.	plete forms will delay processing. If add	litional space is needed, please use the
ection A			
Please check one of the following reg	arding your High School graduation status	. Check only one box and write in th	e corresponding information:
I have graduated from a High Name of High School:	n School located in the U.S.		
			:/
I have graduated from a fore City & Country: I have not graduated from Hi I began living in Minnesota on: Mor I am receiving, or I will receive, tuition I began attending, or I plan to begin a List your places of residence, starting	nth Day Year n reciprocity from a neighboring state: ittending, a MN post-secondary school at le with your place of birth. Include your dates itary service, family, place of birth, etc.).	residing in a foreign country. Date of Graduation/G I am not a legal resident of Mi NoYes If yes, list state:east half-time (six or more credits) or	nnesota
ection B			<u> </u>
DO NOT include college courses taken Name of School 2) As of today, I will have attended thre Yes \(\sum \) No If you answered yes, have you sub	er high school and where each school was lo during high school (PSEO). <u>DO INCLUDE</u> s State/Country Where School was Locate ee or more years of school beyond high sch mitted your transcripts from the other scho	schools not located in the United Stated Attended From (Month/	ates of America. Year) To (Month/Year)
Yes No			
udent Signature: X			Date:
eturn this completed and signe	dform to:		
tn: Financial Aid			Phone: 651-793-

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