



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM

Minnesota State Grant Questionnaire

2016-17

Last Name _____ First Name _____ MI _____ Student ID _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Phone (____) _____ - _____ Date of Birth ____/____/____
Area Code Month Day Year

1. Enter the date you began living in Minnesota: ____/____/____
Month Day Year

OR

_____ I am not a legal resident of Minnesota.

2. Enter the date you first became or will become at least a half-time student at a Minnesota college, university, or other school beyond high school: ____/____/____
Month Day Year

3. Please **check one** of the following regarding your High School graduation status:

_____ I have graduated or will graduate from a Minnesota High School while residing in Minnesota.

High School Name _____ City _____ Date of Graduation ____/____/____
Month Year

_____ I have or will receive a GED while residing in Minnesota. Date of GED ____/____/____
Month Year

_____ I have graduated or will graduate **or** received a GED while residing in another State or Country.

City _____ State _____ Country _____ Date Received ____/____/____
Month Year

_____ I have not graduated from high school or received a GED.

I certify that the information I provided on this application is complete, accurate, and true to the best of my knowledge.

Student Signature _____ **Date** ____/____/____

Please return form to:

Office of Financial Aid
2500 East 80th Street
Inver Grove Heights, MN 55076
PH: 651-450-3495
FX: 651-450-3360
E-mail: finaid@inverhills.edu