



MINNESOTA STATE GRANT PROGRAM STUDENT ELIGIBILITY QUESTIONNAIRE

Student Name:		Concordia ID:	
Your high school and year you received your diploma. (Write N/A if you didn't graduate.)		Your address when you received your high school diploma. (Write N/A if you didn't graduate.)	
Name		Address	
Address		City, State, ZIP	
City, State, ZIP		City, State, ZIP	
Did you earn a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," in which state: _____ If "yes," date earned: _____		If parental information provided on FAFSA, parents' address at time you completed your Free Application for Federal Student Aid (FAFSA): Address City, State, ZIP	
Please list all the states (or countries) in which you have resided, your dates of residence and your reason for residing (e.g., college, employment, military services, place of birth, etc.) in each state. Please circle any of the following reasons for residing in Minnesota if they apply to you, your spouse or your parent(s): <ul style="list-style-type: none"> • active federal military service in Minnesota • you are a spouse or dependent of a veteran who is a Minnesota resident • active member of Minnesota National Guard residing in Minnesota • active member of the reserve component of the U.S. Armed Forces who resides and whose duty station is located in Minnesota • relocation to Minnesota from presidential disaster area within 12 months of disaster declaration • immediate relocation to Minnesota as a refugee from another country 			
State(s):	Dates of Residence:	Reason for Residing in State:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Please list the names of all schools you have attended after high school and the dates of attendance for each school. Do NOT include college courses taken during high school. If you withdrew from college during a term due to a major illness while under the care of a physician, or you withdrew for active military services after Dec. 31, 2002, please make note of this below and provide necessary documentation to your college financial aid administrator. PLEASE LIST ALL COLLEGES ATTENDED, EVEN IF YOU DID NOT WISH TO TRANSFER CREDIT.			
Name of College(s):		Dates of Enrollment:	
_____		_____	
_____		_____	
_____		_____	
Student Signature:		Date Form Completed:	