



MINNESOTA STATE GRANT PROGRAM STUDENT ELIGIBILITY QUESTIONNAIRE

Student Name:		Concordia ID:	
Your high school year of graduation or year you will receive your diploma. (Write N/A if you didn't graduate or will not graduate.)		Your address when you received your high school diploma, or while attending high school.	
High School _____		Address _____	
City, State _____		City, State, ZIP _____	
Year or expected year of graduation _____			
Did you earn a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If parental information provided on FAFSA, parents' address at time you completed your Free Application for Federal Student Aid (FAFSA):	
If "yes," in which state: _____		Address _____	
If "yes," date earned: _____		City, State, ZIP _____	
Please list all the state(s) or country/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 check any of the following reasons for residing in Minnesota if they apply to you, your spouse or your parent(s):			
<input type="checkbox"/> active federal military service in Minnesota			
<input type="checkbox"/> you are a spouse or dependent of a veteran who is a Minnesota resident			
<input type="checkbox"/> active member of Minnesota National Guard residing in Minnesota			
<input type="checkbox"/> active member of the reserve component of the U.S. Armed Forces who resides and whose duty station is located in Minnesota.			
<input type="checkbox"/> relocation to Minnesota from presidential disaster area within 12 months of disaster declaration			
<input type="checkbox"/> immediate relocation to Minnesota as a refugee from another country			
State(s) or Country/Countries:	Dates of Residence:	Reason for Residing in State or Country:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
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:	
_____		_____	