ANOKA-RAMSEY COMMUNITY COLLEGE
CAMBRIDGE • COON RAPIDS

Financial Aid Office
300 Spirit River Dr. S
Cambridge, MN 55008

OR

Financial Aid Office
11200 Mississippi Blvd. NW
Coon Rapids, MN 55433

Fax# 763-433-1501

financialaid@anokaramsey.edu

2019-2020 Minnesota State Grant Program Questionnaire

This application is to determine eligibility for the Minnesota State Grant. Incomplete forms will delay processing. If additional space is needed, please use the back of this form or include a separate piece of paper.

_____ _____
Last Name First Name MI ARCC Student ID

1. Please check one of the following:

☐ Student **graduated high school**.

Name of High School: _____ City/State/Country:_____

Date Diploma Received: ____/_____ While Residing In: _____
month / year state / country

☐ Student received a **G.E.D.**

Date G.E.D Received: ____/_____ While Residing In: _____
month / year state/country

2. If dependent student, did parents reside in Minnesota on date you completed 2019-2020 FAFSA? ☐ Yes ☐ No
If no, what is your parents' state/country of residence? _____

3. If you are currently residing outside Minnesota, are you enrolling in all online courses? ☐ Yes ☐ No

4. Please list **ALL** the states (or countries if outside the US) in which you have resided starting with your **place of birth to the present time**. **(Include Minnesota residence)**

Name of State or Country	Reason for Residing in State (e.g. college, employment, military service)	Beginning Month/Year	Ending Month/Year
	place of birth	/	/
		/	/
		/	/
		/	/

5. Please list **ALL** the schools you attended after high school, location, and dates of attendance.

Name of School	State/Country of School	Dates of Attendance	Degree
		/ to /	
		/ to /	
		/ to /	
		/ to /	

***Note**: **Please request your grade transcripts from the colleges above sent to the ARCC Financial Aid Office. An unofficial copy is acceptable for financial aid purposes. If you wish to have credits transferred to ARCC, please request an official copy sent to ARCC Records Office**.

By signing this questionnaire, you certify that all the information reported on it is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. If you do not provide proof when asked, you may not receive aid.

_____ _____
Student Date

 ARCC is an affirmative action, equal opportunity educator/employer. To receive this information in an alternate format, 763-433-1450