



Anoka Tech Financial Aid Office 1355 West HWY 10

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2022-2023 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 Na	me First Name Please check one of the follow	wina:	MI	Student ID	
1.	☐ Student graduated high se	•			
	Name of High School	:	City/State/Country:		
	Date Diploma Receiv	ed:/	While Residing In	:state / country	
	□ Student received a G.E		ar	state / country	
	Date G.E.D Received:		While Residing In:		
2. If	dependent student, did parents				
lf	o, what is your parents' state/country of residence?				
3. If	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 to the present time. (Include Minnesota residence)					n your place of birth
[Re		for Residing in State		
	Name of State or Country		llege, employment)	Beginning Month/Year	Ending Month/Year
		ŀ	place of birth		
5. PI	Please list ALL the schools you attended				_
	Name of School		e/Country of School	Dates of Attendance	Degree
	ote: Please request your grade				
	unofficial copy is acceptable uest an official copy sent to the			u wish to have credits trai	isterred, please
•	• • •				
	ning this questionnaire, you cert I official, you agree to give proof				
	ot receive aid.		3	····· / · · · · · · · · · · · · ·	, ,
Student	 t		Date	_	