

Anoka Tech						
Financial Aid Office						
1355 V	L355 West HWY 10					
Anoka,	MN	55303				
finaid@anokatech.edu						
Phone:	Phone: 763-576-7730					
Fax: 763-576-7721						

2023-2024 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.

as	t Name	First Name	MI Stud	dent ID		
1.	Please <u>check one</u> of the following: Student graduated high sc					
	Name of High School:		City/State/Country:			
	Date Diploma Receive	ed:/ While Residing Ir	וייייייייייייייייייייייייייייייייייייי			
		month / year	state / country			
	Student received a G.E.D.					
	Date G.E.D Received	:/ While Residing In / year	:state/country			
2.	If dependent student, did parents r	eside in Minnesota on date you o	completed 2023-2024 FAFS	A? Yes No		
	If no, what is your parents' state/co	ountry 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 cour to the present time. (Include Min		you have resided starting wi	th your place of birth		
	Name of State or Country	Reason for Residing in State (e.g. college, employment)	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		
ł	Note: Please request your grade	transcripts from the colleges a	above to be sent to the Fin	ancial Aid Office.		

request an official copy sent to the 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