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2024-2025 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	Student ID
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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 2024-2025 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)	Beginning Month/Year	Ending Month/Year
	<i>place of birth</i>		

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

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. **A wet signature or a signature using a stylus is required.**

Student	Date
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