	Anoka Tech	**Anoka-Ramsey Community College**	
	Financial Aid Office	Financial Aid Office　　OR	Financial Aid Office
	1355 West HWY 10	300 Spirit Dr. S	11200 Mississippi BLVD NW
	Anoka, MN 55303	Cambridge, MN 55008	Coon Rapids, MN 55433
	finaid@anokatech.edu	financialaid@anokaramsey.edu	
	Phone: 763-576-7730	Phone: 763-433-1500	
	Fax: 763-576-7721	Fax: 763-433-1501	

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

1. Please <u>check one</u> 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
	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

*Note: **Please request your grade transcripts from the colleges above to be sent to the Financial Aid Office. An unofficial copy is acceptable for financial aid purposes. If you wish to have credits transferred, please 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. **A wet signature or a signature using a stylus is required.**

_____　　_____
Student　　　　　　　　　　　　　　　　　　　　　　Date