

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form online, by mail, or in person.**

ONLINE TO:

z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid & Scholarships
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

MINNESOTA STATE GRANT QUESTIONNAIRE

DIRECTIONS

Please complete and sign this form certifying that the information is true.

RETURN FORM:

ONLINE TO: z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid and Scholarships
1049 University Drive
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired): 800-627-3529
Email: umdhelp@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student information			
Last name—type or print neatly in ink	First	Middle	
Student ID number	U of M e-mail _____@d.umn.edu		
Current mailing address: Street	City	State	Zip code
All students must complete this reciprocity information section. (Students receiving reciprocity are not eligible for a Minnesota State Grant.)			
Will you receive Wisconsin, South Dakota, North Dakota, or Manitoba reciprocity in 2024–2025? <input type="checkbox"/> Yes <input type="checkbox"/> No			
All students must complete this educational history section.			
By July 1, 2024, will you have graduated from a Minnesota high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of high school	City	State	Graduation date (mm/yy) _____/_____ Month _ Year
By July 1, 2024, will you have obtained a General Educational Development (GED) certificate in Minnesota? (A GED certificate is granted to students who did not graduate from high school, but passed a high school equivalency test.) <input type="checkbox"/> Yes <input type="checkbox"/> No Date of GED test (mm/dd/yy) ____/____/____			
Have you or your parents ever been members of the U.S. military service or missionary service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you or your parents residents of Minnesota prior to entering military or missionary service? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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To request copies of this form in an alternative format: 218-726-8000.
UMD is an equal opportunity employer and educator.

MINNESOTA STATE GRANT QUESTIONNAIRE

Dependent Students Only—Verification of Parent’s Minnesota Residency

Students whose parents provided financial information on the July 1, 2024–June 30, 2025 Free Application for Federal Student Aid (FAFSA) must provide the following information. In cases where parents are divorced, provide residency information for the parent whose financial information was reported on the FAFSA.

Have your parents ever lived in the State of Minnesota? Yes No

If “yes,” please indicate the dates: from (mm/dd/yy) ____ / ____ / ____ to (mm/dd/yy) ____ / ____ / ____

Parent’s address at the time the 2024–2025 FAFSA was completed.

Street address	City	State	Zip code
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Address at which you resided during your high school attendance

Street address	City	State	Zip code
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Have you, your parents, or your spouse been relocated to Minnesota with refugee status from another country? Yes No

If “yes,” enter name of country _____

Verification of Student’s Minnesota Residency

Have you maintained continuous residency in the State of Minnesota since birth? Yes No

If “no,” in which state or country did you live prior to residency in Minnesota? _____

Dates you have resided in Minnesota: from (mm/dd/yy) ____ / ____ / ____ to (mm/dd/yy) ____ / ____ / ____

Dates you have resided at current mailing address on the front of this form: (mm/dd/yy) ____ / ____ / ____ to (mm/dd/yy) ____ / ____ / ____

Date you became at least a half-time student at a Minnesota post-secondary institution: (mm/yy) ____ / ____

Have you ever received a Minnesota State Grant? Yes No

Address at which you resided during your high school attendance

Street address	City	State	Zip code
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Certification

I certify that all information provided is true and correct to the best of my knowledge.

Student signature	Date
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OFAR use only

Counselor signature	Date
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Comments