

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 by mail or in person.**

**BY MAIL TO:**

Office of Financial Aid and Scholarships  
University of Minnesota Duluth  
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](http://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:**

**BY MAIL TO:**

Office of Financial Aid and Scholarships  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**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
<b>All students must complete this reciprocity information section. (Students receiving reciprocity are not eligible for a Minnesota State Grant.)</b>			
Will you receive Wisconsin, South Dakota, North Dakota, or Manitoba reciprocity in 2019–2020? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you participate in the Midwest Student Exchange Program (MSEP) in 2019–2020? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>All students must complete this educational history section.</b>			
By July 1, 2019, 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, 2019, 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) ____/____/____			
<b>List all universities, colleges, business, and technical institutions that you have attended beyond high school. We will require transcripts from the schools listed if we do not already have them.</b>		<b>Dates of attendance: mm/dd/yy to mm/dd/yy</b>	
		to	
		to	
		to	
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			

– continue on page 2 –



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**

<b>Dependent Students Only—Verification of Parent’s Minnesota Residency</b>			
Students whose parents provided financial information on the <i>July 1, 2019–June 30, 2020 Free Application for Federal Student Aid (FAFSA)</i> must provide the following information. In cases where parents are divorced, provide residency information for the parent whose financial information was reported on the <i>FAFSA</i> .			
Have your parents ever lived in the State of Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If “yes,” please indicate the dates: from (mm/dd/yy) ____ / ____ / ____ to (mm/dd/yy) ____ / ____ / ____			
Parent’s address at the time the 2019–2020 FAFSA was completed.			
Street address	City	State	Zip code
Address at which you resided during your high school attendance			
Street address	City	State	Zip code
Have you, your parents, or your spouse been relocated to Minnesota with refugee status from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If “yes,” enter name of country _____			
<b>Verification of Student’s Minnesota Residency</b>			
Have you maintained continuous residency in the State of Minnesota since birth? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address at which you resided during your high school attendance			
Street address	City	State	Zip code
<b>Certification</b>			
I certify that all information provided is true and correct to the best of my knowledge.			
<b>Student signature</b>			Date

<b>OFAR use only</b>	
<b>Counselor signature</b>	Date
Comments	