

MINNESOTA STATE PROGRAM(S) / STUDENT ELIGIBILITY QUESTIONNAIRE
(Minnesota State Grant, Minnesota Indian Scholarship, MN GI Bill, SELF Loan, and MN Child Care Grant)

Please fill this form out in its entirety. If an area does not apply to your situation, please indicate NA. Incomplete documents will not be accepted for consideration.

When complete, please mail to 1282 Concordia Ave., St. Paul MN. 55104 Attn: Financial Aid –or- fax to 651-603-6298

(1) Student Name: _____ Concordia ID Number: L00 _____	(2) School Aid Year for which you are applying: _____ (i.e., 2012-13, 2013-14, 2015-16 etc.)												
(3) Please provide the name and address (city and state) of your high school and the year in which you received your diploma. Name of High School: _____ Address of High School: _____ Graduation Year: _____	(4) Please provide the address at which you resided when you received your diploma: _____ _____ _____												
(5) Circle program(s) below in which you are applying for the aid year indicated in question #2. <table style="width:100%; border:none;"> <tr> <td style="text-align:center;"><i>Minnesota State Grant</i></td> <td style="text-align:center;"><i>Minnesota Indian Scholarship</i></td> </tr> <tr> <td style="text-align:center;"><i>MN GI Bill</i></td> <td style="text-align:center;"><i>MN Child Care Grant</i></td> </tr> </table>	<i>Minnesota State Grant</i>	<i>Minnesota Indian Scholarship</i>	<i>MN GI Bill</i>	<i>MN Child Care Grant</i>	(6) If you did not graduate from high school, did you earn your G.E.D.? ___ Yes ___ No If “yes,” in which state? _____ If “yes,” date earned: ___ / ___ / ___								
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(7) Please provide the address at which your parents resided when you completed your Free Application for Federal Student Aid (FAFSA) for the academic year indicated in question #2 of this form. Please list address in box to the right:	Address (see question #7): _____ (house #, Street, Apt #) _____ (city, state, zip code)												
Please list (below) all the states (or countries) in which you have resided , your dates of residence and your reason for residing (e.g., college, employment, military service, place of birth, etc.) in each state. Please contact the college financial aid administrator if any of the following reasons for residing in Minnesota apply to you or your spouse: active federal military service in MN, you are a spouse or dependent of a veteran who is a MN resident, relocation to MN from presidential disaster area within 12 months of disaster declaration, immediate relocation to Minnesota as refugee from another country. If you need additional space, attach a second page.													
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2.													
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Please list the names of all schools you have attended (below) after high school and the dates of attendance for each school. Do NOT include college courses taken during high school. If you withdrew from college during a term due to a major illness while under the care of a physician, or you withdrew for active military service after December 31, 2002, please make note of this below and provide the necessary documentation to your college financial aid administrator. PLEASE LIST ALL COLLEGES ATTENDED, EVEN IF YOU DO NOT WISH TO TRANSFER CREDIT. If you need additional space, attach a second page.													
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If attending public college in Minnesota, are you receiving tuition reciprocity benefits from a neighboring state? ___ Yes ___ No If you are currently residing outside of MN, are you enrolled in a distance education program offered by a MN college? ___ Yes ___ No													

Student Signature

Date Form Completed