| 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 | | |


# 2026-2027 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 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 2026-2027 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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