



## Anoka Tech Financial Aid Office 1355 West HWY 10 Anoka, MN 55303 finaid@anokatech.edu

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## **Anoka-Ramsey Community College**

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## 2023-2024 Minnesota State Grant Program Questionnaire

This application is to determine eligibility for the Minnesota State Grant. Incomplete forms will delay processing. If

ado	ditional space is needed, please use	e the back of	this form or include a	separate piece of p	aper.		
Last Name		First Name		MI	Student ID		
1.	Please <u>check one</u> of the following: Student <b>graduated high sc</b>						
	Name of High School:			City/State/Country:			
	Date Diploma Receive						
		month / year		state / country			
	Student received a G.E.D.						
	Date G.E.D Received:/ While Residing In: state/country					<del> </del>	
2.	If dependent student, did parents reside in Minnesota on date you completed 2023-2024 FAFSA? Yes No						
	If no, what is your parents' state/country of residence?						
3. 4.	If you are currently residing outside Please list <b>ALL</b> the states (or cour <b>to the present time</b> . <b>(Include Mir</b>	ntries if outside	e the US) in which yo		Yes ting witl		birth
	Name of State or Country	Reason for Residing in State (e.g. college, employment)		Beginning Month	Month/Year Ending Month/Year		
		pla	ace of birth				
5.	Please list <b>ALL</b> the schools you attended after high school, location, and dates of attendance.						
	Name of School	State	/Country of School	Dates of Attenda	nce	ce Degree	
1	Note: Please request your grade An unofficial copy is acceptable frequest an official copy sent to the	or financial a	aid purposes. If you				
sch	signing this questionnaire, you cert nool official, you agree to give proof ny not receive aid. <b>A wet signature</b>	of the informa	ation given on this for	rm. If you do not pro			
Stud	dent	·····	Date	_			