

Minnesota State Grant Questionnaire

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Return this form on campus to:

Student Assistance Center
23 Solon Campus Center

or mail it to:

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

E-mail: umdhelp@d.umn.edu

Phone: 218-726-8000

Directions

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

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, Manitoba, or Michigan reciprocity in 2008-2009? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you participate in the Midwest Student Exchange Program (MSEP) in 2008-2009? <input type="checkbox"/> Yes <input type="checkbox"/> No			
All students must complete this educational history section.			
By July 1, 2008, 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
By July 1, 2008, 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) ____/____/____			
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.		Dates of attendance: mm/dd/yy to mm/dd/yy	
		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			

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

http://www.d.umn.edu/fareg/forms/minnesotastategrantquestionnaire_2009.pdf



