

Minnesota State Grant Questionnaire

**Return this form on campus to:**

Student Assistance Center  
23 Solon Campus Center

**or mail to:**

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

**or fax to:** 218-726-8219

**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
<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, Manitoba, or Michigan reciprocity in 2011-2012? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you participate in the Midwest Student Exchange Program (MSEP) in 2011-2012? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>All students must complete this educational history section.</b>			
By July 1, 2011, 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, 2011, 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			

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\\_2012.pdf](http://www.d.umn.edu/fareg/forms/minnesotastategrantquestionnaire_2012.pdf)



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