

MN State Grant Program Student Eligibility Questionnaire



Financial Aid Office
T • 651.846.1386
financial.aid@saintpaul.edu

STAR ID#: _____ **STUDENT NAME:** _____

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 GED:

Date GED received: _____ / _____ while residing in: _____
month year state/country

Provide the state in which your parents resided when you completed your FAFSA:

State: _____ Zip: _____

List 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.

State	Dates of Residence	Reason for Residing in State

List the names of all schools you have attended 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 the Financial Aid Office.

PLEASE LIST ALL COLLEGES ATTENDED, EVEN IF YOU DO NOT WISH TO TRANSFER CREDIT.

Name of College	Dates of Enrollment	Transcript on file at Saint Paul College (Yes or No)

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: _____

This Side for School Use Only

If the student listed more than 3 years of postsecondary attendance on the questionnaire, the school is required to review academic transcripts from each college attended to determine the amount of postsecondary attendance the student has accumulated.

In addition to screening for eight full-time semesters of postsecondary attendance (or the equivalent) and Minnesota residency on the reverse side of this form, the school is also responsible for verifying that the student meets the remainder of eligibility requirements for the Minnesota State Grant program shown on this side of the form.

- Student has not earned baccalaureate degree prior to the start of the current academic year
- Student is not in default on a federal student loan
- Student is enrolled in an undergraduate program in course work leading to a diploma, certificate or degree
- Student is a high school graduate, GED recipient or will be 17 by the end of the academic year
- Student is not receiving Tuition Reciprocity benefits from another state (applies only to MN public colleges)
- Student meets federal and state requirements for satisfactory academic progress
- Student will be enrolled for 3 or more credits (or 6 clock hours per week at clock hour school)
- * Student does not owe the Office of Higher Education for a State Grant overpayment
- * Student is not in default on a state SELF loan
- * Student is not more than 30 days past due on a child support obligation
- Student's FAFSA was received by federal processor within 30 days of term start date

* The Office of Higher Education assists schools in screening for these variables by reporting data on the State Grant On-Line Hold Report.