**Educational Information** 

## 1601 Jefferson Street Alexandria, MN 56308

financialaid@alextech.edu Phone: 320.762.4540

## **Minnesota State Grant Questionnaire**

This form is used to support a student's Free Application for Federal Student Aid (FAFSA) responses. If discrepancies are found, the FAFSA information may need to be updated. Your financial aid file is on hold until this process is completed. Upload your completed form online at <a href="https://www.alextech.edu/financialaidupload">www.alextech.edu/financialaidupload</a>.

High School N	ame		City	State		
Your address a school, list N/A		received your h	igh school diploma. If	you did not graduate from high		
Address			City	State		
High School G	raduation Date	(mm/yyyy)				
Did you earn a	GED? □ Y	es □ No				
If "Yes" which State Date earned						
			•	es) in which you have resided, ace of birth, etc.) in each state.		
Start Date	End Date	State	Reason			

Form continues on next page.

Check ar	ny of the following reasons f ents.	or residing i	in Minnesota if they ap	ply to you, your spouse, or					
	Active federal military service in Minnesota								
	You are a spouse or dependent	You are a spouse or dependent of a veteran who is a Minnesota Resident							
	Active member of Minneso	Active member of Minnesota National Guard residing in Minnesota							
	Active Member of the reserve component of the U.S. Armed Forces who resides and whose duty station is located in Minnesota								
	Relocation to Minnesota from presidential disaster are within 12 months of disaster declaration								
	Immediate relocation to Minnesota as a refugee from another country								
college d active mi necessar	school. Do <b>NOT</b> include colleg luring a term due to a major i ilitary service after December y documentation to ATCC Fir st all colleges attended, ever	illness while r 31, 2002, plo nancial Aid (	under the care of a phy ease make note of this I Office.	ysician, or you withdrew for below and provide the					
College		State	Dates of Enrollment	Enrollment Level					
Depende	ent Student, please indicate	parents add	dress at the time you c	ompleted your FAFSA:					
A	ddress		City	State					
Please cl	neck the applicable boxes b	elow, or if n	ot applicable check N/	<b>A:</b>					
	Yes □ No □ N/A If you ar uition reciprocity benefits from	_		linnesota, are you receiving					
	<b>Yes</b> □ <b>No</b> □ <b>N/A</b> If you are ducation program offered by	=	=	re you enrolled in a distance					
I certify t	hat I have read this form and	I understan	nd the information.						
Signatur	e		Date						
Signatur	·								

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