

Financial Aid Central Office 13100 College View Drive Eden Prairie, MN 55347

State Grant Questionnaire

email: fa@hennepintech.edu FAX: 952-995-1389

Last Name	First Name					Student ID or StarID	
1. Please check one of th	ne following regarding your h	ligh School graduatior	status:				
I have grad	uated or will graduate from	a Minnesota High Sch	ool while	e residing in Minnesota	l.		
•	I Name	•		•		/	
riigir scrioo	TNume	Oity		Date of Grad	Mc	onth Year	
I have or w	ill receive a GED while resid	ng in Minnesota. Date	of GED				
I have grad	uated or will graduate or I r	eceived a GED while re	esiding i	Month Year n another State or Cou	ıntry.		
City of High	School	State	_ Count	ry	Date	/	
, ,					Мо		
I have not o	graduated from high school	or received a GED.					
2. List your places of resid	ence, starting with your p	olace of birth. Include	de your	dates of residence and	your reason	for residing	
	oyment, military service, fan					3	
Name of State (or Country if I	not in the U.S.) R	eason for Residing	Re	sided From (Month/Year)	To (Mon	th/Year)	
		Place of Birth		/		/	
				/		/	
				/		/	
				/		/	
				/		/	
				/		/	
3. Have you lived in Minnesota continuously since birth?					☐ Yes	☐ No	
4. Dependent Students Only: Did your parents live in MN on the date your FAFSA was completed?					☐ Yes	☐ No	
5. Will you receive tuition reciprocity benefits from a neighboring state?					☐ Yes	☐ No	
6. Have you lived in MN at least 12 consecutive months without enrolling in 6 or more college credits?					☐ Yes	☐ No	
7. Were you relocated directly to MN with an official refugee status?					☐ Yes	☐ No	
Refugee only: Have you lived in MN continuously since arriving as a refugee?					 □ Yes	— □ No	
8. List all the schools you a	attended after high school a courses taken during high s	nd where each school	was loc	ated, even if the schoo		<u> </u>	
Name of College/University	State/Co	untry Where School was	Located	Attended From (Month	/Year) To	(Month/Year)	
				/		/	
				/		/	
				/		/	
				/		/	
				/		/	
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Student's Signature Date Form Comp							