STATE OF MINNESOTA FINANCIAL AID APPLICATION FOR VISITING SUMMER STUDENTS

Name (First, Middle, Last)	Phone Number ID Number
Permanent Street Address	City, State, Zip Code
1. Provide your high school address (city and state) and the year that you will receive/received your high school diploma:	
City State	_ Date of high school graduation:/ Month Year
2. Please provide the address at which you resided when you receive/received your high school diploma:	
Street Address	City
If you did not graduate from high school, did you earn your G.E.D.? + No	† Yes If yes, in which state? Date:/ Month Year
4. If you were required to report parental data on the Free Application for Federal Student Aid (FAFSA), please provide the address at which your parent(s) resided when you completed the FAFSA. Independent students please indicate "N/A" in the area below.	
Street Address	City State Zip Code
5. Have you (the student) maintained continuous residency in the State of Minnesota sin	ce birth? † No † Yes If yes, go to question 7
6. List all of the states (or countries) in which you have resided, including the State of Minnesota , your dates of residence and your reason for residing in each location (e.g. FROOHJH HPSOR\PHQW PLOLWDU\VHUYLFH SODFH RI ELUWK HWF & RQWDFW WKH)LQDQFLDO \$LG 21ÅFH your spouse: active federal military service in MN, you are a spouse or dependent of a veteran who is a MN resident, active member of MN National Guard residing in MN, active member of reserve component of U.S. Armed Forces who resides in and whose duty station is in MN, relocation to MN from presidential disaster area within 12 months of disaster declaration, or immediate relocation to Minnesota as refugee from another country.	
 List the names of schools you have attended and the dates of attendance for each scl 	
you were only enrolled at the institution for one term (e.g., summer school, etc.). If you withdrew from college during a term due to a major illness while under the care of a SK\VLFLDQ RU\RX ZLWKGUHZ IRU DFWLYH PLOLWDU\ VHUYLFH DIWHU 'HFHPEHU SOHDVH PDNH QRWI Attach a copy of all academic transcripts.	
8. If you are currently residing outside of Minnesota, are you enrolled in a distance education	ation program offered by a Minnesota college?
Indicate the number of credits	
FOR OFFICE USE ONLY Residency: Yes No MN Grad	/GED † Yes † No ATR Reviewed † Yes † No † Eligible † Ineligible