

Residency Form 2021-2022

Name _____ **Student or STAR ID** _____
Phone _____ **Email** _____

In order to determine your residency for financial aid eligibility, please answer the following questions. (If additional space is needed, please use the reverse side of this form).

1. By July 1, 2021, will you have received a High School diploma?
 Yes No If no, please skip to question 2.
 If yes, please complete the following:
 Name of High School _____ State ____ Month/Year _____

2. By July 1, 2021, will you have received a GED (high school equivalency certificate)?
 Yes No If yes, please complete the following:
 State ____ Month/Year _____

3. By July 1, 2021, will you have attended more than 4 years of education PAST high school? Yes No

4. Have you lived in Minnesota your entire life? Yes (Skip to question #7) No (Continue below)

5. Indicate each state that you have lived in and the time period you lived in those states. (Use back of form if necessary).

State	From (MM/DD/YY)	To (MM/DD/YY)	State	From (MM/DD/YY)	To (MM/DD/YY)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Indicate the date you moved to Minnesota _____

7. Indicate any colleges you attended **after** high school graduation and the dates attended.

College	From (MM/DD/YY)	To (MM/DD/YY)	College	From (MM/DD/YY)	To (MM/DD/YY)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I CERTIFY THE ABOVE RESPONSES ARE CORRECT.

Student Signature _____ **Date** _____

Return by mail, fax or email:

Fax: (507) 389-7419 Email: financialaid@southcentral.edu	Faribault Campus: South Central College Financial Aid Office 1225 Third Street SW Faribault, MN 55021	OR	North Mankato Campus: South Central College Financial Aid Office 1920 Lee Boulevard North Mankato, MN 56003
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