

Residency Form 2024-2025



Student Name _____ Student or STAR ID _____

Email Address _____ Phone Number _____

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, 2024, 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, 2024, 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, 2024, 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 EMAIL

financialaid@southcentral.edu

RETURN BY MAIL - NORTH MANKATO CAMPUS

South Central College

Financial Aid Office

1920 Lee Boulevard

North Mankato, MN 56003

RETURN BY FAX

(507) 389-7419

Office Use: 0102, 0130, 0131, 0132



South Central College,
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Form Updated: June 20, 2024