

# State Grant Questionnaire 2025-2026



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, 2025, 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, 2025, 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, 2025, 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



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Form Updated: March 28, 2025