South Central College
A MINNESOTA COMMUNITY AND TECHNICAL COLLEGE

Residency Form 2020-2021

Name _____ **Student or STAR ID**_____
Address _____ **City, State, Zip** _____
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, 2020, 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, 2020, 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, 2020, 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