

DUNWOODY

COLLEGE OF TECHNOLOGY

Minnesota State Grant Program Student Eligibility Questionnaire

**DO NOT COMPLETE WITH PENCIL
TYPED SIGNATURES WILL NOT BE ACCEPTED**

Student Name _____ **Student ID #** _____

Graduating High School or GED:

Name of high school: _____

City, State: _____ Year: _____

Dependent students only: Where did your parents live when you completed the FAFSA?

Address: _____

City, State, ZIP: _____

DO NOT LEAVE THIS BLANK: List all states and countries where you have resided, the dates of your residence, and the reason for residing (college, employment, military service, place of birth, etc.):

Location	Dates of residence	Reason
_____	from: _____ to: _____	_____
_____	from: _____ to: _____	_____
_____	from: _____ to: _____	_____
_____	from: _____ to: _____	_____

DO NOT LEAVE THIS BLANK: List all of the colleges and universities you've attended **AFTER** high school and dates of attendance (beginning to end) for each school. Do not include college courses taken during high school.

Name of College	Dates of enrollment
_____	from: _____ to: _____
_____	from: _____ to: _____
_____	from: _____ to: _____
_____	from: _____ to: _____

Signature: _____ **Date:** _____