



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Financial Aid Office
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Minnesota State Grant Questionnaire

2011-12

Last Name _____ First Name _____ MI _____ Student ID _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____

Phone # (_____) _____ - _____ Date of Birth _____ / _____ / _____
Area Code Month Day Year

1. Enter the date you began living in Minnesota: _____ / _____ / _____
Month Day Year

OR
_____ I am not a resident of Minnesota.

2. Enter the date you first became or will become at least a half-time student (6 or more credits per term) at a Minnesota college, university, or other school beyond high school: : _____ / _____ / _____
Month Day Year

3. Please **CHECK ONLY ONE** of the following regarding your High School graduation status:

_____ I have graduated or will graduate from a Minnesota High School while residing in Minnesota.
High School Name _____ City _____ Date of Graduation _____ / _____
Month Year

_____ I have or will receive a GED while residing in Minnesota. Date GED received: _____ / _____
Month Year

_____ I have graduated or will graduate or receive a GED while residing in another State or Country.
City _____ State _____ Country _____ Date Received _____ / _____
Month Year

_____ I have not graduated from high school or received a GED.

4. List below **ALL colleges, universities, and institutions previously attended** including Century College. **Include all post-secondary schools**, even if you did not complete the term of enrollment. If you did not attend any college previously, please enter "NONE." If you withdrew from college during a term due to a major illness while under the care of a physician, or you withdrew for active military service after December 31, 2002, please make note of this below and provide the necessary documentation.

Name of College/Institution/University attended:	From: (Month/Year)	To: (Month/Year)
1. _____	_____ / _____	_____ / _____
2. _____	_____ / _____	_____ / _____
3. _____	_____ / _____	_____ / _____
4. _____	_____ / _____	_____ / _____

I certify that the information I provided on this application is complete, accurate, and true.

Student Signature _____ Date _____ / _____ / _____