

Financial Aid Office  
 University of Minnesota, Crookston  
 170 Owen Hall, 2900 University Ave.  
 Crookston, MN 56716  
 Phone: 218/281-8569  
 Fax: 218/281-8575

**Directions:****You must sign this form on the back.**

The Office of Admissions and Financial Aid (OSFA) needs additional information from you before your financial aid eligibility can be determined. Your request for aid cannot be processed until this form is completed, signed, and returned, along with the requested additional information. Return the completed form to the above address.

Please type or print neatly in ink.

<b>Student Information</b>			
Name (last, first, middle initial)	Birthdate	Social Security number	Student ID number
Address (street or P.O. box number, city, state, ZIP code)			Telephone number (current)

**EDUCATIONAL HISTORY (all students must complete)**

**A:** By July 1, 2008, will you have graduated from a Minnesota high school?  yes  no

Name of high school	City	State	Graduation Date (m/yr)

**B:** By July 1, 2008, will you have obtained a GED in Minnesota? (A GED is a certificate granted to students who did not graduate from high school, but passed a high school equivalency test.)  yes  no

**C:** List all universities, colleges, and business/technical institutions that you have attended beyond high school. **You must request transcripts from all of the schools listed if we do not have them.**

Name of school	Dates of attendance (m/y to m/y)
1.	
2.	
3.	

**D:** Have you or your parents ever been a member of the US military service or missionary service?  yes  no

**E:** Were you or your parents residents of Minnesota prior to entering military or missionary service?  yes  no

**VERIFICATION OF PARENT'S MINNESOTA RESIDENCY (dependency students only)**

Students whose parents provided financial information on the Free Application for Federal Student Aid (FAFSA) must provide the following information. In cases where parents are divorced, provide residency information for the parent whose financial information was reported on the FAFSA.

**A:** Do your parents live in the state of Minnesota?  yes  no

If yes, please indicate the dates: from \_\_\_\_\_ to \_\_\_\_\_

**B.** Parents' address at the time the 2008-2009 FAFSA was completed.

Street address:	City	State	Zip

**C.** Address at which you resided during your high school attendance: from \_\_\_\_\_ to \_\_\_\_\_

Street address: \_\_\_\_\_

**VERIFICATION OF STUDENT'S MINNESOTA RESIDENCY (independent students only)**

- A. Have you maintained continuous residency in the State of Minnesota since birth?  yes  no If no, in which state or country did you live prior to residency in Minnesota: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_
- B. Dates you have resided in Minnesota: from: \_\_\_\_\_ (m/d/yr) to \_\_\_\_\_ (m/d/yr)
- C. Dates you have resided at the address given on this form: from: \_\_\_\_\_ (m/d/yr) to: \_\_\_\_\_ (m/d/yr)
- D. Date you became at least a half-time student at a Minnesota post-secondary institution (month/year): \_\_\_\_\_
- E. Have you ever received a Minnesota State Grant?  yes  no
- F. Address at which you resided during your high school attendance:

Street address	City	State	Zip
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**Certification**

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.

Signature	Date Signed
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For Office Use Only

Counselor's signature	Date
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Comments
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