AnokaRamsey Community College
Cambridge • Coon Rapids

School Code: 002332
Telephone: 763-433-1500
Fax: 763-433-1501

Return completed documents to: Financial Aid Office OR Financial Aid Office
300 Spirit River Dr So 11200 Mississippi Blvd NW
Cambridge, MN 55008 Coon Rapids, MN 55433

2009-2010 Minnesota State Grant Program
Student Eligibility Questionnaire

_____ _____
Name (Please Print) Student I.D. # or Social Security #

- What tuition rate will you be paying during 2009 -2010?
  ☐ MN Resident ☐ Reciprocity (identify state) _____ ☐ Non-Resident
- Did your parents reside in Minnesota on the date you completed the 2009– 2010 Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No
- If you graduated from high school, please provide the name, city and state of your high school and the date which you received your diploma:
  Name of High School:_____ Date Diploma Received:_____/_____
  Month Year
  City/State:_____
- If you did not graduate from high school, did you earn your G.E.D.? ☐ Yes ☐ No
  If "yes", in which state?_____ And on what date? _____/_____
  Month Year
- Please provide the date you became a resident of Minnesota? _____/_____
  Month Year
- Please provide the date you first attended or plan to attend a Minnesota college or technical institution?
  _____/_____
  Month Year
- By July 1, 2009, will you have attended more than four years of education beyond high school?
  ☐ Yes ☐ No
- Please list all colleges attended:_____

Please Note: Please request your Grade Transcripts from the colleges above sent to the Financial Aid Office of ARCC. An Unofficial copy is acceptable for Financial Aid purposes. If you wish to have credits transferred to ARCC, please request an Official copy sent to ARCC Records Office.

By signing this questionnaire, you are certifying that all of the information reported above is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. You realize that if you don't provide proof when asked, you may not receive aid. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

_____ _____
Student's signature Date

ARCC is an affirmative action, equal opportunity educator/employer. To receive this information in an alternate format, 763-433-1450 .