

2026-27 Minnesota State Grant Eligibility Questionnaire

Please fill out this form so Ridgewater College can determine if you are eligible for the Minnesota State Grant.

student Name:	Studer	it ID or Star ID:	
L. Please check one of the fol	lowing:		
I graduated high scho	pol.		
Name of High Scho	ol: City/9	state/Country	Date
Diploma Received:	ol: City/5 / While Residing In: month/year		
_	month/year	state/country	
☐I received a GED. Dat	e GED Received:/ While R	esiding In:	
	month/year	state/country	
If you are currently residing	o, what is your parent's state/country of re g outside Minnesota, are you enrolling in a e currently living and how long you have li	ll online courses?	_
3. If you are currently residing		ll online courses?	_
3. If you are currently residing 4. Please tell us where you ar	g outside Minnesota, are you enrolling in a e currently living and how long you have li Reason for Residing in State (college,	Il online courses? Yes (□ No
8. If you are currently residing 9. Please tell us where you ar Name of State or Country	e currently living and how long you have li Reason for Residing in State (college, work, military service)	Il online courses? Yes (□ No
3. If you are currently residing 4. Please tell us where you ar Name of State or Country 5. Please attach a copy of you	e currently living and how long you have li Reason for Residing in State (college, work, military service)	Il online courses? Yes (yed there: Beginning Month/Year	End Month/Year