



**EMBRY-RIDDLE**  
AERONAUTICAL UNIVERSITY

**MINNESOTA STATE GRANT PROGRAM  
STUDENT ELIGIBILITY QUESTIONNAIRE  
AID YEAR: 2009**

|   |  |
|---|--|
| Student Name:   | Student ID #:  |
| If you graduated from high school, please provide the name and address (city and state) of your high school and the year in which you received your diploma:  | If you graduated from high school, please provide the address at which you resided when you received your diploma:                 |
|   |  |
| If you did not graduate from high school, did you earn your G.E.D.?   | Please provide the address at which your parents resided when you completed your Free Application for Federal Student Aid (FAFSA): |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "yes," in which state? _____   |  |
| Please list all the states (or countries) in which you have resided, your dates of residence and your reason for residing (e.g., college, employment, military service, place of birth, etc.) in each state. (Please contact the college financial aid administrator if any of the following reasons for residing in Minnesota apply to you or your spouse: active federal military service in MN, relocation to MN from presidential disaster area within 12 months of disaster declaration, immediate relocation to Minnesota as refugee from another country.) |  |
| <u>Name of State</u>  | <u>Dates of Residence</u>  |
|   | <u>Reason for Residing in State</u>  |
| Please list the names of all schools you have attended after high school and the dates of attendance for each school. Do NOT include college courses taken during high school. If you withdrew from college during a term because you were called up for active military service after December 31, 2002, please make note of this below and provide the necessary documentation to your college financial aid administrator.   |  |
| <u>Name of College</u>  | <u>Dates of Enrollment</u>   |
| Note: School should review an academic transcript from each school listed above to correctly assess the amount of postsecondary attendance.   |  |
| _____   | _____  |
| Student Signature   | Date Form Completed  |