

2023 STATE OF MINNESOTA FINANCIAL AID APPLICATION FOR VISITING SUMMER STUDENTS

Name (First, Middle, Last)	Phone Number	ID Number															
Permanent Street Address	City, State, Zip Code																
1. Provide your high school address (city and state) and the year that you will receive/received your high school diploma: City _____ State _____ Date of high school graduation: ____ / ____ / ____ Month Year																	
2. Please provide the address at which you resided when you receive/received your high school diploma: _____ Street Address City State Zip Code																	
3. If you did not graduate from high school, did you earn your G.E.D.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, in which state? _____ Date: ____ / ____ Month Year																	
4. If you were required to report parental data on the 2022-2023 Free Application for Federal Student Aid (FAFSA), please provide the address at which your parent(s) resided when you completed the FAFSA. Independent students please indicate "N/A" in the area below. _____ Street Address City State Zip Code																	
5. Have you (the student) maintained continuous residency in the State of Minnesota since birth? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, go to question 7																	
6. List all of the states (or countries) in which you have resided, including the State of Minnesota , your dates of residence and your reason for residing in each location (e.g. college, employment, military service, place of birth, etc.). Contact the Financial Aid Office at 651-962-6550 if any of the following reasons for residing in MN apply to you or your spouse: active federal military service in MN, you are a spouse or dependent of a veteran who is a MN resident, active member of MN National Guard residing in MN, active member of reserve component of U.S. Armed Forces who resides in and whose duty station is in MN, relocation to MN from presidential disaster area within 12 months of disaster declaration, or immediate relocation to Minnesota as refugee from another country. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">NAME OF STATE/COUNTRY</th> <th style="width: 30%;">DATES OF RESIDENCE</th> <th style="width: 40%;">REASON FOR RESIDING IN LOCATION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			NAME OF STATE/COUNTRY	DATES OF RESIDENCE	REASON FOR RESIDING IN LOCATION	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____															
_____	_____	_____															
7. List the names of schools you have attended and the dates of attendance for each school. Include all post-secondary institutions even if the credits were not transferrable or you were only enrolled at the institution for one term (e.g., summer school, etc.). 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 and provide the necessary documentation to the Financial Aid Office. Attach a copy of all academic transcripts. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">NAME OF COLLEGE</th> <th style="width: 40%;">DATES OF ATTENDANCE</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>			NAME OF COLLEGE	DATES OF ATTENDANCE	_____	_____	_____	_____	_____	_____	_____	_____					
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8. If you are currently residing outside of Minnesota, are you enrolled in a distance education program offered by a Minnesota college? <input type="checkbox"/> No <input type="checkbox"/> Yes																	
9. Indicate the number of credits you will be enrolled in at St. Thomas for the following terms: ____ # of Credits-(A)-Summer Session I ____ # of Credits-(B)-Summer Session II ____ # of Credits-(C)-Extended Summer Session ____ # of Credits-(D)-Double Summer Session																	
10. You must sign this form certifying that the information you are providing is true.																	
X Signature _____ Date Signed _____																	
FOR OFFICE USE ONLY Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No MN Grad/GED <input type="checkbox"/> Yes <input type="checkbox"/> No ATR Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible																	

By June 2, 2023, you must be registered for classes and submit this form for maximum aid consideration.

Return or fax this form to:
 University of St. Thomas
 Financial Aid Office - Mail 5007
 2115 Summit Avenue, St. Paul, MN 55105-1096
 651-962-6550 / Fax: 651-962-6599