UNIVERSITY OF St.Thomas

2020 State of Minnesota Financial Aid Application for Visiting Summer Students

MSG-NDO

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.? ☐ No ☐ Yes If yes, in which state? _____ Date: _____/_____
Month Year

4. If you were required to report parental data on the 2019-2020 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? ☐ No ☐ 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.

Name of State/Country	Dates of Residence	Reason for Residing in Location

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.**

Name of College	Dates of Attendance

8. If you are currently residing outside of Minnesota, are you enrolled in a distance education program offered by a Minnesota college? ☐ No ☐ 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 (May 27 – July 9)
_____**# of Credits**-(B)-Summer Session II (July 13 – August 20)
_____**# of Credits**-(C)-Extended Summer Session (May 27 – July 23)
_____**# of Credits**-(D)-Double Summer Session (May 27 – August 20)

10. You must sign this form certifying that the information you are providing is true.

X Signature _____ Date Signed _____

FOR OFFICE USE ONLY Residency: ☐ Yes ☐ No MN Grad/GED ☐ Yes ☐ No ATR Reviewed ☐ Yes ☐ No ☐ Eligible ☐ Ineligible

By June 2, 2020, 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