

Student Name: _____ Student ID Number: _____

Before the Financial Aid Office is able to complete and submit your Minnesota Teacher Candidate Grant Application, you will need complete the following steps:

- Complete the Student Section of the [Minnesota Teacher Candidate Grant Application](#)
- Complete the [Minnesota Residency Verification Form](#)
- Meet with your academic/program advisor to have them complete the following questions:
 1. Which licensure area(s) will the student be recommended for a full professional teaching license after completing the student teaching experience?

2. List the location of the student teaching experience.

School & Location: _____

3. What term will the student be completing a required 12-week or more student teaching experience?

4. Advisor Name: _____

Advisor Signature: _____ Date: _____

- If your student teaching experience spans more than one term/semester, circle the term/semester for which you wish to submit the application.

Fall

Spring

Summer

- Submit the Minnesota Teacher Candidate Grant Application (with the student section complete), the Minnesota Residency Verification form, and this checklist to the Financial Aid Office.

By signing this form, I give permission to the University of St. Thomas Financial Aid Office to release my financial aid information to the Minnesota Office of Higher Education (MOHE). I confirm that I have followed the steps above and understand the Minnesota Teacher Candidate Grant Application will be submitted to MOHE by the Financial Aid Office once it is complete.

Student Signature: _____ Date: _____

(Original Signature Required)

Submit this form to:

Mail, fax, or deliver to: University of St. Thomas | Financial Aid Office, Mail 5007 | 2115 Summit Ave. | St. Paul, MN 55105

Or deliver to: Graduate Financial Aid Office | Terrence Murphy Hall 251 | 1000 LaSalle Ave. | Minneapolis, MN 55403

Phone: 651-962-6550 | Fax: 651-962-6599 | Email: financialaid@stthomas.edu