

**BEMIDJI STATE UNIVERSITY**  
**2025-2026 Independent MN State Grant Questionnaire**

<b>Student Name:</b>		<b>BSU ID:</b>	
Name and address (city and state) of your high school and year you received your diploma, please include your address when you received your diploma. (Write N/A if you didn't graduate.)		Your address at time you completed your Free Application for Federal Student Aid (FAFSA):	
HS:  Your Address:			
Did you earn a G.E.D.?		Your address while attending Bemidji State University:	
___ Yes ___ No If "yes," in which state? _____ If "yes," date earned: ___/___/___			
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 circle any of the following reasons for residing in Minnesota if they apply to you, your spouse or your parent(s): <ul style="list-style-type: none"> <li>• active federal military service in Minnesota</li> <li>• you are a spouse or dependent of a veteran who is a Minnesota resident</li> <li>• active member of Minnesota National Guard residing in Minnesota</li> <li>• active member of the reserve component of the U.S. Armed Forces who resides and whose duty station is located in Minnesota.</li> <li>• relocation to Minnesota from presidential disaster area within 12 months of disaster declaration</li> <li>• immediate relocation to Minnesota as a refugee from another country</li> </ul>			
<b>State</b>	<b>Dates of Residence, Include MM/DD/YYYY</b>	<b>Reason for Residing in State</b>	
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 due to a major illness while under the care of a physician, or you withdrew for active military service after December 31, 2003, please make note of this below and provide the necessary documentation to your college financial aid administrator. <b>PLEASE LIST ALL COLLEGES ATTENDED, EVEN IF YOU DO NOT WISH TO TRANSFER CREDIT.</b>			
<b>Name of College</b>	<b>Dates of Enrollment, Include MM/DD/YYYY</b>	<b>Enrollment Level</b>	
If attending public college in Minnesota, are you receiving tuition reciprocity benefits from a neighboring state? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are currently residing outside of MN for the 2025-2026 academic year, what type of classes do you plan to be enrolled in? <input type="checkbox"/> On Campus <input type="checkbox"/> Online <input type="checkbox"/> Both (On campus and Online)			
_____		_____	
Student Signature		Date Form Completed	

Return Form to: Financial Aid Office, 1500 Birchmont Drive NE #14, Bemidji, MN 56601  
 Phone: 218-755-2034 BSU Toll Free: 1-877-755-FAID  
 Fax: 218-755-4361 Email: financialaid@bemidjistate.edu

### This Side for School Use Only

If the student listed more than 3 years of postsecondary attendance on the questionnaire, the school is required to review academic transcripts from each college attended to determine the amount of postsecondary attendance the student has accumulated.

In addition to screening for eight full-time semesters of postsecondary attendance (or the equivalent) and Minnesota residency on the reverse side of this form, the school is also responsible for verifying that the student meets the remainder of eligibility requirements for the Minnesota State Grant program shown on this side of the form.

Student has not earned baccalaureate degree prior to the start of the current academic year	Student is not in default on a federal student loan
Student is enrolled in an undergraduate program in course work leading to a diploma, certificate or degree	Student is a high school graduate, GED recipient or will be 17 by the end of the academic year
Student is not receiving Tuition Reciprocity benefits from another state (applies only to MN public colleges)	Student meets federal and state requirements for satisfactory academic progress
Student will be enrolled for 3 or more credits (or 6 clock hours per week at clock hour school)	* Student does not owe the Office of Higher Education for a State Grant overpayment
* Student is not in default on a state SELF loan	* Student is not more than 30 days past due on a child support obligation
Student's FAFSA was received by federal processor within 30 days of term start date	

\* The Office of Higher Education assists schools in screening for these variables by reporting data on the State Grant On-Line Hold Report.