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

   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 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. FROOHJH HPSOR\PHQW PLOLWDU\ VHUYLFH SODFH RI ELUWK HWF &RQWDFW WKH)LQDQFLDO $LG 2IÀFH 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 SK\VLFLDQ RU \RX ZLWKGUHZ IRU DFWLYH PLOLWDU\ VHUYLFH DIWHU 'HFHPEHU SOHDVH PDNH QRWH **Attach a copy of all academic transcripts.**

8. If you are currently residing outside of Minnesota, are you enrolled in a distance education program offered by a Minnesota college? † No † Yes

   Indicate the ***number of credits***

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

Return or fax this form to:
University of St. Thomas
)LQDQFLDO $LG 2IÀFH
2115 Summit Avenue, St. Paul, MN 55105-1096
651-962-6550 / Fax: 651-962-6599