

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form online, by mail, or in person.**

ONLINE TO:

z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid & Scholarships
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

2022 ADDITIONAL FINANCIAL INFORMATION—INDEPENDENT

Directions

This form collects additional financial information used to calculate eligibility for financial aid programs.

If you did not receive that source of untaxed income, please put zero (0).

Do not leave any items blank.

Incomplete documents will be returned to the student for completion.

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QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired): 800-627-3529
Email: umdhel@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student Information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

Worksheet C—Calendar Year 2022	Student (and spouse)
Education credits (American Opportunity and Lifetime Learning credits) from IRS Form 1040 Schedule 3—line 3; and IRS Form 1040—line 29.	
Amount of college grants, scholarships or AmeriCorps benefits that were reported as income to the IRS on line 1a of the student or spouses 2022 Federal Tax return form 1040 (the student or spouse paid taxes on the amount of these grants, scholarships or benefits).	
Student (and spouse) TOTAL	

Certification	
I certify that all information provided is true and correct to the best of my knowledge.	
Student signature	Date
Spouse signature	Date



To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.