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

IN PERSON ON CAMPUS TO:
One Stop Student Services
23 Solon Campus Center

BY MAIL TO:

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

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

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

No need to print this cover page.

2022 TAXABLE COLLEGE GRANTS AND SCHOLARSHIPS—DEPENDENT

Directions

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

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

Do not leave any items blank.

RETURN FORM:

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BY MAIL TO:

UMD Office of Financial Aid and Scholarships 1049 University Drive Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services

23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000

TTY (hearing impaired): 800-627-3529

Email: umdhelp@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			

Student	Calendar Year 2022	Parent
	Amount of college grants, scholarships or AmeriCorps benefits that were reported as income to the IRS on line 1a of the student or parents 2022 Federal Tax return form 1040 or on Schedule 1—line 8r (the student or parent paid taxes on the amount of these grants, scholarships or benefits).	

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

