

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](https://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](https://studentprivacy.ed.gov).

**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.**

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23 Solon Campus Center

**QUESTIONS?**

Phone: 218-726-8000  
TTY (hearing impaired): 800-627-3529  
Email: [umdhel@umn.edu](mailto:umdhel@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 <b>reported as income to the IRS on line 1a of the student or parents 2022 Federal Tax return form 1040</b> (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



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