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—INDEPENDENT

Directions

Student Information

Last name-type or print neatly in ink

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

First

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

Do not leave any items blank.

RETURN FORM:

ONLINE TO: z.umn.edu/FA-upload

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?

Middle

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 ID number	U of M e-mail	
	@d.umn.edu	
Worksheet C—Calendar Year 2022		Student (and spouse)
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).		
Certification		
I certify that all information provided is true and correct to the best of my knowledge.		
Student signature		Date



Spouse signature

Date