



AN HONORS UNIVERSITY IN MARYLAND

2019-2020 UMBC Grant Application

This application form is for undocumented undergraduate students, ineligible to complete a FAFSA, to apply for institutional need-based financial aid.

Student Name: _____ Campus ID: _____

Housing Plans: on campus with parents off campus

Status: Undocumented DACA Other _____

Please circle yes or no for each of the following questions:

- Yes No Were you born before January 1, 1996?
- Yes No As of today, are you married?
- Yes No Are you currently serving on active duty or a veteran of the US Armed Forces?
- Yes No Do you now have, or will you have, any children or dependents who live with you and who will receive more than half of their support from you (not from your parents) between July 1, 2019 and June 30, 2020?
- Yes No At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?
- Yes No As determined by a court in your state of legal residence, are you or were you an emancipated minor?
- Yes No Does someone other than your parent or step parent have legal guardianship of you, as determined by a court in your state of legal residence?
- Yes No At any time on or after July 1, 2018, have you been homeless or at risk of homelessness?

If you answered yes to any of the above questions, please stop and contact Colleen Lindbeck, csly@umbc.edu for an alternative form.

Tax Filing Status

Please check one box for student, and one box for parent(s).

<u>Student</u>	<u>Parent(s)</u>
<input type="checkbox"/>	<input type="checkbox"/> I have completed a 2017 Federal Tax Return. A copy of the signed 1040 form is attached.
<input type="checkbox"/>	<input type="checkbox"/> I worked in 2017 but was not required to file a 2017 Federal Tax Return. I am submitting an Income Verification Form.
<input type="checkbox"/>	<input type="checkbox"/> I did not work in 2017.



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2019-2020 UMBC Grant Application (continued)

Student Name: _____ Campus ID: _____

Family Information

Use the below box to list the members of your household. Also write the name of the college for any household member who will be attending college at least half time (6 credits) between July 1st, 2019 and June 30th, 2020. If you need more space, attach a separate page.

Household members include:

- Yourself
- Your parent(s), including stepparent, even if you do not live with your parent(s). If your parents are separated and not living together, or if you are not sure who to list, please use the following chart to determine which parent(s) to include on this form: <https://studentaid.ed.gov/sa/sites/default/files/who-is-my-parent.png>
- Your parent’s children, even if they do not live with your parent(s) if:
 - Your parent will provide more than half of their support from July 1st, 2019 through June 30th, 2020;
- Any other people who live with your parents and your parents provide more than half their financial support and will continue to live with and provide more than half of their financial support through June 30th, 2020.

Full Name	Age	Relationship	Name of College	Will be enrolled at least half time? Yes or No
		SELF	UMBC	

Signatures:

Signing this document certifies the information reported on pages one and two is correct and accurate.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____