

## 2020-2021 UMBC Grant Application

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

Stud	ent Nam	e:	Campus ID:				
Housing Plans:		on campus	with parents	off campus			
Status:		Undocumented	DACA	Other			
Please	e circle yes	s or no for each of the follow	ring questions:				
Yes	No	Were you born before January 1, 1997?					
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 r					
		than half of their support from you (not from your parents) between July 1, 2020 and June 30, 2021?					
Yes	No	At any time since you turned age 13, were both your parents deceased, were you in foster care, or we					
		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 res	idence?				
Yes	No	At any time on or after July 1,	2019, have you been home	less or at risk of homelessness?			
If y	ou answered	yes to any of the above questions,	please stop and contact Collec	en Lindbeck, csly@umbc.edu for an alternative form.			
<u>Tax Fi</u>	ling Status	<u>5</u>					
Please	check one	box for student, and one box for	parent(s).				
<u>Studer</u>	<u>nt</u>	Parent(s)					
		I have completed a 2	2018 Federal Tax Return. A	copy of the signed 1040 form is attached.			
		I worked in 2018 bu Income Verification	•	2018 Federal Tax Return. I am submitting an			
		I did not work in 202	18.				



## 2020-2021 UMBC Grant Application (continued)

Student Name:	Campus ID:						
Family Information Use the below box to list the members will be attending college at least half to a separate page.							
<ul> <li>Yourself</li> <li>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: <a href="https://studentaid.ed.gov/sa/sites/default/files/who-is-my-parent.png">https://studentaid.ed.gov/sa/sites/default/files/who-is-my-parent.png</a></li> <li>Your parent's children, even if they do not live with your parent(s) if:         <ul> <li>Your parent will provide more than half of their support from July 1<sup>st</sup>, 2020 through June 30<sup>th</sup>, 2021;</li> </ul> </li> <li>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 30<sup>th</sup>, 2021.</li> </ul>							
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 infe	ormation re	ported on pages one a	nd two is correct and accura	te.			
Student Signature:	D	oate:					
Parent Signature			r	nate:			