

2022-2023 UMBC Grant Application

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

Stude	nt Name	e:	Campus ID:					
Housing Plans:		on campus	with parents	off campus				
Status:		Undocumented	DACA	Other				
<u>Please</u>	circle yes	or no for each of the follow	ving questions:					
Yes	No	Were you born before January 1, 1999?						
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 depen	dents who live with you and who will receive more				
		s) between July 1, 2022 and June 30, 2023?						
Yes	No	nts deceased, were you in foster care, or were you						
		a dependent or ward of the co	ourt?					
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, 2021, have you been homeless or at risk of homelessness?						
If you d	answered y	es to any of the above question	s, please stop, and contact (Colleen Lindbeck, csly@umbc.edu, for an alternative	? form.			
Tax Fil	ing Status							
Please	check one l	oox for student, and one box fo	r parent(s).					
Student		Parent(s)						
		I have completed a	2020 Federal Tax Return. A	copy of the signed 1040 form is attached.				
		I worked in 2020 bu copies of my W2s.	t was not required to file a	2020 Federal Tax Return. I am submitting				
		I did not work in 20	20.					



2022-2023 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 tire	•				
attach a separate page.	ne (o crean	is between July 1 , 20	22 and June 30 , 2023. If you	neca more space,	
Household members include: • Yourself • Your parent(s), including steppare living together, or if you are not s https://studentaid.gov/sites/defa • Your parent's children, even if the Any other people who live with your	ure who to li ult/files/who ey do not live de more thar our parents a	st, please use this chart to b-is-my-parent.png with your parent(s) if: In half of their support fror Ind your parents provide r	o determine which parent(s) to ind m July 1 st , 2022 through June 30 th more than half their financial supp	clude on this form:	
continue to live with and provide	more than h	alf of their financial suppo	ort through June 30th, 2023.		
Full Name	Age	Relationship	Name of College (or n/a if not in college)	Will be enrolled at least half time? Yes or No	
		SELF	UMBC		
Signaturasi					
<u>Signatures:</u>					
Signing this document certifies the info	rmation rep	ported on pages one ar	nd two is correct and accurate		
Student Signature:	Date	e:			
Parent Signature:			Date	e:	