

UNIVERSITY OF MINNESOTA DULUTH  
**Scholarship, Grant, Fellowship Authorization**

2008–2009 Academic Year

BA25

**Print two copies of the completed form.  
 Keep one copy for your records and return one to:**

**Scholarships–184 DAdB  
 University of Minnesota Duluth  
 1049 University Drive  
 Duluth MN 55812-3011**

**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.**

**E-mail:** umdhelp@d.umn.edu

**Phone:** 218-726-8000

Recipient information (Attach addendum if paying more than one student.)									
Student last name		First name		Middle name			UM ID #		
Citizenship									
<input type="checkbox"/> U.S. citizen or permanent resident									
<input type="checkbox"/> Non-U.S. citizen/temporary non-resident alien (from what country?) _____ <b>Visa type</b> <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> J1 <input type="checkbox"/> J2									
Payment information									
Name of award									
Enrollment requirement									
<input type="checkbox"/> Full-time		<input type="checkbox"/> Half-time		<input type="checkbox"/> Less than half-time			<input type="checkbox"/> None		
FUND	DEPTID	PROGRAM	ACCOUNT	PCBU	PROJECT	FIN EMPLID	CF1	CF2	CS
Award data									
<input type="checkbox"/> New		<input type="checkbox"/> Decrease		<input type="checkbox"/> Increase			<input type="checkbox"/> Cancel		
<b>Enter \$ amount for each term. Enter "\$0" for term(s) to be cancelled.</b>		Fall 2008		Spring 2009			Summer 2009		
Payroll only									
		\$		\$			\$		
<input type="checkbox"/> Yes (Tax withheld at 14%.)		<input type="checkbox"/> No (Tax treaty on file.)		Amount of tax			Date	Initials	
Department information									
Comments									
Prepared by		E-mail address		I authorize the Office of Financial Aid and Registrar to produce or adjust payment(s) for the recipient indicated on this form. Funds are available from the account indicated to cover all payments. The department will assume the responsibility for any changes due to account deficits.					
Department name									
Campus address				Authorized department signature		Date			
				Authorized dean's office signature		Date			
<b>Office of Financial Aid and Registrar use only</b>	Item type			Date entered			Staff		