

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

2009–2010 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  
**Fax:** 218-726-8219

Recipient information (Attach addendum if paying more than one student.)									
Student last name		First name		Middle name			UM ID #		
<b>Citizenship</b>									
<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									
<b>Payment information</b>									
Name of award									
<b>Minimum enrollment requirement for this payment</b>									
<input type="checkbox"/> Full-time		<input type="checkbox"/> Half-time		<input type="checkbox"/> Less than half-time			<input type="checkbox"/> None		
A valid Combo Code must exist for this ChartField string. See <a href="http://www.finsys.umn.edu/fss/msg_hrcombos1.html">http://www.finsys.umn.edu/fss/msg_hrcombos1.html</a>									
FUND	DEPTID	PROGRAM	ACCOUNT	PCBU	PROJECT	FIN EMPLID	CF1	CF2	CS
<b>Award data</b>									
<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 2009		Spring 2010			Summer 2010		
<b>Payroll only</b>									
		\$		\$			\$		
<input type="checkbox"/> Yes (Tax withheld at 14%)		<input type="checkbox"/> No (Tax treaty on file.)		Amount of tax			Date	Initials	
<b>Department information</b>									
<b>Comments</b>									
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>OFAR use only</b>		Item type		Date entered			Staff		