

List the people whom your parents will support between July 1, 2008 and June 30, 2009. Include:

- **Yourself**
- **Parent(s) and/or stepparent(s).** If your parents are both living and married to each other (not separated), list both. If your parent has divorced but is remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom you lived more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support during the last 12 months, or during the most recent year that you received support from a parent. Also, list the stepparent if your widowed parent has remarried.
- **Parent(s)/stepparent(s)'s dependent children.** If your parent(s) provide(s) more than half of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.
- **Other people** if any other person lives with and receives more than half of her/his support from your parent(s) and will continue to receive more than half of her/his support from your parent(s) during the time period above.

Return this form on campus to:

Student Assistance Center
 23 Solon Campus Center

or mail it to:

Office of Financial Aid and Registrar
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011

E-mail: umdhelp@d.umn.edu

Phone: 218-726-8000

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.

Student information		
Last name-type or print neatly in ink	First	Middle
Student ID number	U of M e-mail _____@d.umn.edu	

If this person will be admitted into a degree or certificate program at a post-secondary institution (college), and enrolled at least half-time in 2008-2009, the information below is *required*.

Full name of family member. If there are more than seven family members, please attach an additional list with their needed information.	Age	Relationship to student	Name of college	Social Security Number
1. Student (above)		Self	University of Minnesota Duluth	XXXXXXXXXXXXXXXXXX
2. (Mother/Stepmother)		Mother/Stepmother	Parents/stepparents cannot be included as college students.	
3. (Father/Stepfather)		Father/Stepfather		
4. (Brother/Sister/Other)				
5. (Brother/Sister/Other)				
6. (Brother/Sister/Other)				
7. (Brother/Sister/Other)				

Certification	
I certify that all information provided is true and correct to the best of my knowledge.	
Student signature	Date
Parent signature	Date



To request copies of this form in an alternative format: 218-726-8000.
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