## TUITION ASSISTANCE FOR DEAF/HARD OF HEARING STUDENTS

**DIRECTIONS**—If you are a deaf or hard of hearing student with Minnesota residency and are not enrolled in a study abroad program, you may be eligible for partial tuition assistance. Tuition Assistance is calculated on tuition and fee charges remaining after deducting grants and scholarships. For consideration, please complete all sections of this form. Your physician, and/or campus Disability Resource Center (DRC) Access Consultant must certify your disability by completing **SECTION B**. You need to submit this form once during your undergraduate career attendance at the University of Minnesota unless the condition is temporary.

## You are eligible for tuition assistance if:

- · You are a Minnesota resident.
- You are eligible for a Federal Pell Grant and/or a Minnesota State Grant.
- You are enrolled in an **undergraduate** degree-seeking program.
- You have a hearing loss of such severity that you are primarily dependent on visual communication, such as writing, lip reading, manual communication, and gestures.
- You have submitted a Free Application for Federal Student Aid (FAFSA) that applies to the enrollment period of the tuition assistance.
- You will receive either a Federal Pell Grant or Minnesota State Grant that applies to the enrollment period of the tuition assistance.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student background		
Name (last, first, middle initial)	University ID	Phone (include area code)
Current address (street, apartment or P.O. box number, city, state, ZIP Code)		
SECTION B. Disability certification		
Your physician, audiologist, and/or campus Disability Resource Center (DRC) Access Consultant must complete and sign this section.		
1. Have you observed that the student is deaf/hard of hearing?		
If yes, indicate whether the condition is temporary or permanent:		
2. Certify with your signature below that, in your professional opinion, the student named in Section A meets the University's criteria to qualify for tuition and fee assistance at the University of Minnesota.		
Full name (please print legibly)	Name of affiliated clinic, hospital, or Disability Resource Center Access Consultant	
Address (city, state, ZIP code)		Phone (with area code)
Signature of physician or audiologist		Date
Signature of campus Disability Resource Center (DRC) Access Consultant		Date
SECTION C. Student certification		
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.		
Student's signature		Date

## Return this form to:

Crookston
Office of Financial Aid &
Scholaships
4 Hill Hall

2900 University Avenue Crookston, MN 56716 Phone: 218-281-8550 Fax: 218-281-8579

Duluth

One Stop Student Services 23 Solon Campus Center 1049 University Drive Duluth, MN 55812-3011 umdhelp@d.umn.edu Morris

One Stop Student Services 105 Behmler Hall 600 East 4th Street Morris, MN 56267-2132 ummonestop@morris.umn.edu 320-589-6046

Rochester
One Stop Student Services
300 University Square
111 S. Broadway
Rochester, MN 55904
umr1stop@r.umn.edu

Twin Cities By mail or email: 160 Williamson Hall 231 Pillsbury Dr. SE Minneapolis, MN 55455-0252 onestop@umn.edu

612-624-1111

In person on campus: 333 Robert H. Bruininks Hall 130 West Bank Skyway 130 Coffey Hall, St. Paul

To request copies of this form in an alternative format, call the Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

507-258-8069

