Need-Based Fee Grant Program

Although we are not able to waive the application fee, we do have a limited number of fee grants available for those applicants demonstrating extreme financial need.

Need-Based Fee Grant Eligibility Requirements

1. Must be a U.S. Citizen or Permanent Resident of the United States
2. Must be of undergraduate senior-status receiving financial aid through an undergraduate institution in the United States
3. Certification of the applicant’s financial status is required.*
4. Only one fee grant is allowed per applicant.
5. Fee grant can be used only to apply to a graduate program of study at the University of Michigan-Flint.
6. Applicants who have already received a graduate degree or are currently in a graduate program are not eligible for a fee grant.

*Financial need is demonstrated by a financial need report that indicates:
   • Dependent status with a parental contribution of not more than $900.00, with no personal contribution during the senior year.
   OR
   • Self-supporting status with a personal contribution of not more than $1200.00 during the senior year.

Instructions
Complete the University of Michigan-Flint Need-Based Fee Grant Application and submit it to the Office of Graduate Programs BEFORE you submit your Application for Graduate Admission. If your fee grant application is approved, you will receive instructions on submitting your application without the application fee.

Policies Related to the Fee Grant

• If you pay the application fee before you receive a fee grant, it will not be refunded, even if you are approved for the fee grant. (The application fee is non-refundable.)
• One fee grant is allowed per applicant.
• Availability of fee grants is subject to funding limitations, therefore grants may be reduced, suspended, or discontinued if adequate funds are not available.
OFFICE OF GRADUATE PROGRAMS

Need-Based Fee Grant Application

Name: ____________________________________________________________________________

Last                     First                     Middle/Maiden                     UMID (if issued)

Birthdate (MM/DD/YYYY): ___/___/___________ Social Security Number (Optional): _________________________

UM-Flint graduate program you plan to apply to: ___________________________________________________

__ US Citizen or __ US Permanent Resident; Registration Number ______________________________

Current Address: _________________________________________________________________

Number and Street (or P.O. Box)                                      Apt. No.

City                       State                     Zip Code

Email Address                                                                                     ( )

________________________________________________________ (Phone)

Current Undergraduate Institution: __________________________________________________________

Location: ______________________________________________________________________________

Major Field: ___________________________________________ Dates Attending/Attended: __________________

Degree/Diploma Expected/Received (BA, BS, etc.): __________ Date Received/Expected: __________________

AUTHORIZATION: I authorize the Financial Aid Office at ___________________________________________ (institution name) to certify the following information on my behalf.

Signature of Student ___________________________________________ Date ________________

Have the Financial Aid Office at your current institution complete the information in this box. If this information is not completed, we will not process your application and will return this form to you.

Financial Aid Officer: Please certify that the student is eligible according to all three requirements listed below:

1. US Citizen/US Permanent Resident with Registration Number
2. Current senior receiving financial aid through an undergraduate institution in the United States or Territories.
3. Someone whose financial needs indicate:
   □ Dependent status with a parental contribution of not more than $900 during the senior year.
   Parental Contribution Amount: ____________________________
   OR
   □ Self-supporting status with personal contribution of not more than $1200 during the senior year.
   Self-Supporting Contribution Amount: ____________________________

________________________________________________________ (Financial Aid Officer (print name))

Contact Phone No. ___________________________________________ Date __________________________

________________________________________________________ (Financial Aid Officer (signature))

Date __________________________

Fax your application to (810) 766-6789 or send by U.S. Mail to:
University of Michigan-Flint, Office of Graduate Programs, 303 E. Kearsley St., Flint, MI 48502-1950