



Berland Opportunity Grant Application

The grant provides a financial incentive for enrollment in academic college classes for adults who have been out of school for at least four years. The objective is to encourage enrollment at UMC by first-time adult students and adults needing retraining. **The grant will pay tuition for a maximum of four credits, for one semester.** Grants are awarded until funds are depleted. The deadline to submit the application is the first day of the semester for which you are applying.

Eligibility Criteria:

1. Must have been out of school (high school and/or college courses for credit) for a minimum of four years.
2. Must **not** be receiving tuition reimbursement.
3. Must **not** have earned a baccalaureate degree.
4. Must **not** have received a Berland Grant previously.

Academic Year 2022-2023

Return this completed form to:

Office of Financial Aid & Scholarships
University of Minnesota Crookston
4 Hill Hall
2900 University Ave
Crookston MN 56716
Email: umc-fa@umn.edu
Fax: 218-281-8579

Questions?

Ph: 218-281-8550
umc-fa@umn.edu

Applicant Information		
Full Name	Birthdate	Social Security number
Current mailing address (street or PO box, city, state, ZIP)		Student ID
UMC Email		Contact phone number (current)

Have you earned a college baccalaureate (four-year) degree? YES NO

Do you have a high school diploma or GED? YES NO

Date of high school graduation or GED: _____

What year did you last attend school? _____

Have you taken any classes from the University of Minnesota Crookston? YES NO

Have you ever received a Berland Grant? YES NO

Have you received, or will you receive, any other financial assistance for attending UMC? (i.e, employer tuition reimbursement, etc) YES NO If yes, type of aid: _____

For what purpose will you enter UMC? _____

How many credits do you intend to take? _____

This application is for: Fall 2022 Spring 2023

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.	
Signature	Date Signed