



STANFORD

FINANCIAL AID OFFICE

Emergency Grant-In-Aid

Emergency Grant-in-Aid Funds assist graduate students who experience a financial emergency or unanticipated expenses (e.g., medical, dental, or legal) causing financial hardship. This program is designed to assist those who cannot reasonably resolve their financial difficulty through fellowships or loans.

Emergency Grant-in-Aid awards are grants that reimburse actual expenses. These awards are not a loan, and do not need to be repaid. Emergency Grant-in-Aid awards are taxable.

Amount: Emergency Grant-in-Aid awards are made to reimburse students for actual expenses up to \$5,000 per academic year.

Eligible expenses: Any unanticipated or unusual expenses (e.g., medical, dental, or legal) outside of the typical student budget will be considered. Emergency Grant-in-Aid funds are not intended for tuition or fees, for standard living expenses, when other aid has ceased, or for research-related expenses. Each case is considered on its own merits.

Student eligibility: Students enrolled in any graduate-level degree program in the Schools of Earth Sciences, Education, Engineering, and Humanities and Sciences, and students in the School of Medicine PhD program are eligible to apply. Students in the Graduate School of Business, School of Law, and MD students in the School of Medicine should consult their Financial Aid Offices.

Students applying for Emergency Grant-in-Aid funds must be making satisfactory academic progress.

All non-immigrant international students must review their financial needs with an advisor at the Bechtel International Center before submitting an application. The advisor will submit to the Grant-In-Aid committee a review and recommendation for each international applicant.

Application Requirements

1. **Completed Application Form**
2. **Documentation of expenses** such as copies of billing statements or receipts is required. If requesting aid to cover medical or dental costs, actual **invoices** from the doctor's office are required. Additionally, the attached **medical/dental information form** must be submitted. Vaden Health Center can assist with insurance statements, if necessary.
3. Student and spouse's latest income **tax return**. (Not required if the applicant has submitted a FAFSA.)

Submit to: **Financial Aid Office**
Montag Hall, 355 Galvez Street
Fax: (650) 725-0540

The Financial Aid Office will review the applicant's financial aid history and academic record.

The Grant-In-Aid Committee will contact you for additional information or to notify you of the status of your application approximately one week after the application materials have been submitted.



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Emergency Grant-In-Aid Application Form

Name:	Student ID #:
Telephone:	E-mail:

Academic year and enrollment quarters for which Grant-in-Aid is requested:

Year: 20____ - 20____ Quarter: Autumn Winter Spring Summer

Department: _____ School: _____

Degree (Ph.D., M.A., M.S.): _____ Year of graduate study: _____

PERSONAL INFORMATION:

Marital status: Single Married Separated Divorced Widowed

Name of spouse (if applicable): _____

Spouse employment/academic program: _____

Dependents (living with applicant):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>School/employer</u>

Explanation of need for support: (attach additional pages if necessary)

List below your **QUARTERLY** expenses and resources for the period(s) for which the grant is requested.

EXPENSES

Tuition/TGR _____
Rent _____
Food _____
Books/supplies _____
Telephone _____
Medical costs & insurance _____
Dental cost & insurance _____
Personal _____

RESOURCES

Personal Savings (current balance) _____
Fellowship/Assistantship Salary _____
Fellowship/Assistantship Tuition _____
Spouse's Earnings (gross) _____
Personal Earnings (gross) _____
Other (e.g. parents, alimony, etc.) _____

MONTHLY PAYMENTS:

Educational Loans _____
Auto Loan _____
Other (specify) _____

OTHER EXPENSES

TOTAL EXPENSES:

TOTAL RESOURCES:

TOTAL NEED:

(Expenses less Resources)

Amount of Outstanding Educational Loans to date:

Amount of Emergency Grant-In-Aid requested

Student Signature

Date

MEDICAL/DENTAL INFORMATION
(complete if requesting support for medical/dental expenses)

Name of person requiring medical/dental treatment: _____

Relationship to graduate student: _____

Has the patient been treated at Vaden Student Health Center for this condition? _____

Did Vaden refer to another doctor? _____

How long is treatment indicated? _____

Estimated cost? _____

Did condition exist at time of admission to Stanford? _____

Other total current year medical expenses: _____

Insurance coverage (name of carrier and type): _____

Other total current year dental expenses: _____

Explanations/Special Circumstances:

CONSENT

I am applying for Grant-in-Aid funds from the Financial Aid Office. I understand that the forms that I am submitting will be reviewed by all the members of the Grant-in-Aid Committee but will otherwise remain confidential.

Name (print)

Student Signature

Date