

STANFORD UNIVERSITY

Special Grant-in-Aid for Graduate Students

The Special Grant-in-Aid fund has been established to assist doctoral students whose financial circumstances have changed significantly since beginning graduate studies at Stanford.

Application Procedure

(Please read carefully to determine eligibility)

Students admitted to study for a doctoral level degree (PhD, DMA, EDD) in the Schools of Earth Sciences, Education, Engineering, Humanities and Sciences, and Medicine (PhD program) are eligible to apply. Applications are encouraged from students experiencing unanticipated financial hardship, especially those due to medical or family circumstances. The program is specifically designed to assist those who cannot resolve their financial difficulty through fellowships or loans.

This grant is not intended for use as complete support for students whose other aid has ceased, nor can grants be made for dissertation costs. All students applying for these funds must have basic support covered by another source. Preference in awarding will be given to students who have made satisfactory progress or are advanced in their program, and have established an expected degree date.

Grant-in-aid awards are taxable.

All non-immigrant international students must have reviewed 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.

Every applicant is required to submit the attached application plus the following documents:

1. A **cover letter** to the special grant-in-aid committee outlining the reasons for the request and explaining all pertinent facts.
2. If requesting aid to cover medical or dental costs, actual **invoices** from the doctor's office. Additionally, a statement on applicable insurance coverage must be submitted. Vaden Health Center can assist with insurance statements, if necessary.
3. Student and spouse's latest income **tax return**.
4. A detailed **statement from advisor** on academic status. This statement, on departmental stationery, should include progress on the applicant's thesis, rate of degree completion, and expected degree date.

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

**Return forms to: Financial Aid Office
 Attn: Cynthia Hartley
 355 Galvez Street**

STANFORD UNIVERSITY

Special Grant-in-Aid Application

Name:	Student ID#
Local address:	City, State, Zip Code
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: _____ 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

LOAN PAYMENTS

Educational _____

Auto _____

Other (specify) _____

OTHER EXPENSES
(specify) _____

TOTAL EXPENSES: _____

TOTAL NEED: _____

**Amount of Outstanding
Educational Loans to date:** _____

RESOURCES

Personal Savings (current balance) _____

Fellowship/Assistantship _____

Spouse's Earnings (gross) _____

Personal Earnings (gross) _____

Other (e.g. parents, alimony, etc.) _____

Loans _____

TOTAL RESOURCES: _____

Amount of Special GIA requested _____

MEDICAL/DENTAL INFORMATION

Special Grant-in-Aid

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 a special Grant-in-Aid. I understand that the forms that I am submitting will be reviewed by all the members of the Grant-in-Aid Committee.

Name (print)

Signature

Date