

OFFICE USE ONLY: ___ Approved ___ Not Approved, w/reason: OMA ENE CNE INE INSD ___ Dependent Doc. Rec'd
 Taxable Benefit: ___ Yes ___ No Qtrs or Sems Remaining after award: _____ EAP Admin: _____ Date: _____

STANFORD UNIVERSITY – TUITION GRANT PROGRAM (TGP) APPLICATION

Please Print and Submit

P A R E N T	Name of Parent Employed at Stanford (Last Name, First Name, Middle Initial)			Univ. Employee ID	Date of Hire
	Department / Title		Mail Code/Stop #	Work #	Please check one: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Retiree
			Preference: <input type="checkbox"/> Email <input type="checkbox"/> US Mail		
	Home Address <input type="checkbox"/> Check if this is a new address				Email Address
Street _____				Home Phone () _____ - _____	
City, State, Zip _____				Cell Phone () _____ - _____	

Proof of dependent relationship is required and must be submitted with this application unless previously submitted for this dependent. A list of acceptable documents can be found on the TGP website at <http://hros.stanford.edu/eap/tgp.html>. Copies of official documents are acceptable. **Please do not send original documents.**

S T U D E N T	Name of Student (Last Name, First Name, Middle Initial)		Student's Birth Date (MM/DD/YYYY)	
	Relationship of Student to Employee (<i>Documentation is required</i>): <input type="checkbox"/> Biological or Adopted Child <input type="checkbox"/> Step Child <input type="checkbox"/> Foster Child has lived with me for at least 24 months <input type="checkbox"/> Domestic Partner's Child <input type="checkbox"/> Your ward under a court-approved legal guardianship and has been your ward for at least 60 months <input type="checkbox"/> <input type="checkbox"/> Dependent documentation is attached <input type="checkbox"/> Dependent documentation previously submitted			Class Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
	Support/Dependent Information (<i>Additional information or documentation may be required</i>): Please check all boxes that apply and write your initials on the line next to the check box: <input type="checkbox"/> _____ I will claim the child named above as a dependent on my Federal income tax return for the year(s) that include the tuition payment dates. NOTE: <i>This box must be checked to be eligible for the Non Taxable Benefit. If you do not check this box, you are stating the child named above is <u>not</u> your tax dependent. As a result TGP benefits will be treated as additional compensation to you. Stanford will withhold appropriate income and Social Security taxes from the benefit payment.</i> <input type="checkbox"/> _____ I provide over 50% of the support for the child named above. <input type="checkbox"/> _____ The child named above resides primarily with me when he/she is not away at school. <input type="checkbox"/> _____ None of the above apply.			
	Has this student used the Tuition Grant Program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			

C O L L E G E	Name of Institution:		City and State of Institution	
	Student ID # required:			
	Academic Year for Which You Are Applying ____/____		Enrollment Status	Degree Type
	Type of Academic Year: <input type="checkbox"/> Quarters <input type="checkbox"/> Semesters <input type="checkbox"/> Intersession Check all that Student will attend: For Quarters _ Fall _ Winter _ Spring _ Summer For Semesters _ Fall _ Spring _ Summer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> BA/BS <input type="checkbox"/> AA/AS

REQUIRED SIGNATURE - By signing below, I affirm that I have provided complete and accurate information on this application and:

- I have read and understand the *Tuition Grant Program Guidelines* - <http://hros.stanford.edu/eap/tgp.html>
- I and the above listed child meet all eligibility requirements of the Program.
- I understand that incomplete or inaccurate information may adversely affect the eligibility of the above listed child or result in incorrect tax treatment of the TGP benefits paid. I authorize Stanford to recover TGP benefits it pays (and related costs including tax withholding liabilities) if I am found to have intentionally given inaccurate or incomplete information. Recovery of funds can include a payroll deduction.

Employee Signature

Date

When to Apply: Apply between **April 1 and July 1** for all semesters and quarters (includes summer). **Reapply every academic year!**

TGP REQUIREMENTS AND RULES

IMPORTANT: Review the Requirements and Rules in the Tuition Grant Program Guidelines, located online at: <http://hros.stanford.edu/eap/tgp.html>

Eligibility

- For Staff: A benefits-eligible University position that is six months or more (four months or more, or to the extent provided in the collective bargaining agreement for bargaining unit employees) and 50% FTE or greater. In addition, you must have completed five years of continuing benefits-eligible service to qualify.
- For Faculty, University Officers and Executives: A University appointment of six months or longer. Faculty, University Officers and Executives are eligible for TGP when your appointment begins.

Non-Taxable Benefit – Payment is Made Directly to Your Child's Institution

- The child must be claimed as your dependent on your federal income tax return for the year that includes the tuition payment date to receive the non-taxable benefit.

Taxable Benefit – Reimbursement is Made Directly to You After You Have Paid Your Child's Institution

- If the child is **not** claimed as your dependent on your federal income tax return for the year that includes the tuition payment date, tuition benefits will be treated as additional compensation to you. Stanford will withhold income and Social Security taxes from the benefit payment accordingly.
- *Taxable TGP benefits for a child will not be paid over a period of more than 4 consecutive years. If benefits for a child become taxable part way through the child's college education, the remaining benefits for which the child is eligible must be taken in consecutive regularly-scheduled quarters or semesters for all benefits to be available. No TGP benefits continue beyond your eligible child's attainment of the baccalaureate degree.*

Dependent Relationship Documentation

- Stanford University requires proof of dependent relationship. Documentation must be submitted with this application unless previously submitted for this dependent. Documents received with your application will remain with your application in a secure area. **PLEASE DO NOT SEND ORIGINAL DOCUMENTS.**
- A list of acceptable documents can be found on the TGP website at <http://hros.stanford.edu/eap/tgp.html>

INSTRUCTIONS TO SUBMIT TGP APPLICATION:

- Submit **one** application for **each year between April 1 and July 1** or as soon as you are eligible to participate in The Tuition Grant Program.
- Complete **every** box and section on the application. **INCOMPLETE APPLICATIONS MAY BE RETURNED**
- Sign** and **date** the application.

IMPORTANT: Please advise the TGP office if your employment status changes or if there are any changes to your application information

Keep a copy for your files and submit your application via Email, US Mail, Inter-Department Mail, or FAX (Please choose only one – do not send more than one application for this term!):

Campus employees: Educational Assistance Programs - Tuition Grant Program

Email: tuitiongrant@stanford.edu

US Mail: 3160 Porter Drive, Suite 250, Palo Alto, CA 94304-8443

Inter-Department Mail: **MC: 8443**

Fax: 650/723-7669

SLAC employees: SLAC, Human Resources Office, Mail Bin 11, 2575 Sand Hill Road, Menlo Park, CA 94025