

Emergency Grant-in-Aid Funds assist graduate students who experience a financial emergency or unanticipated expenses causing financial hardship. This program is designed to assist in situations where the emergency may impede academic progress, and for those who cannot reasonably resolve their financial difficulty through fellowships, loans or personal resources.

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 income.

Eligible expenses: Unanticipated or unusual expenses (most commonly medical, dental, or legal, but other expenses can be considered) outside of the typical student budget that may hinder the student's academic progress will be considered. Costs must have been incurred while enrolled at Stanford, and costs for a previous or future academic year will not be considered. Each case is considered on its own merits.

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.

Amount: up to \$5,000 per academic year

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

Students applying for Emergency Grant-in-Aid funds must be making satisfactory academic progress, and must be enrolled as current students. Exceptions can be made for students on medical leave of absence. 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, invoices or treatment plans from the medical provider are required. Additionally, the attached medical/dental information form must be submitted. Vaden Health Center can assist with insurance statements, if necessary.

Example: Request is for \$1,000 for medical expenses. Submission might include:

- Invoice for \$25 copay and treatment plan stating 10 visits are needed. ($\$25 \times 10 \text{ visits} = \250)
- Receipts/prescriptions for \$50 worth of medication, with a statement that this represents one week of a 10 week treatment. ($\$50/\text{week} \times 10 \text{ weeks} = \500)
- Total documented costs: \$750

Any costs that are not documented cannot be considered. Missing or incomplete documentation will result in a delay in processing.

3. Documentation of Income: Student and spouse's latest federal income tax return. Not required if the applicant has submitted a FAFSA. Missing or incomplete proof of income will result in a delay in processing.

Submit to: Financial Aid Office
Montag Hall, 355 Galvez Street, or
Fax: (650) 725-0540, or
Secure Document Upload: <http://financialaid.stanford.edu> (select "other" document type)

The Grant-In-Aid Committee will review your financial aid history and academic record and contact you for additional information or to notify you of the status of your application, two to four weeks after the application materials have been submitted.

Emergency Grant-In-Aid Application Form

Student Name

Email

SUID

Telephone

Department

School

Degree (PhD, MA, MS, etc.)

Year of Study (1st, 2nd, etc.)

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

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

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 to student</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

RESOURCES

Tuition/TGR _____

Personal Savings (current balance) _____

Rent _____

Fellowship/Assistantship Salary _____

Food _____

Fellowship/Assistantship Tuition _____

Books/supplies _____

Spouse's Earnings (gross) _____

Medical costs & insurance _____

Personal Earnings (gross) _____

Dental cost & insurance _____

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

Personal _____

MONTHLY PAYMENTS:

Educational Loans _____

Auto Loan _____

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