

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. Any costs that are not documented cannot be considered.

Emergency Grant-in-Aid funds are not intended for tuition or fees for standard living expenses, when another aid has ceased, or for research-related expenses.

Amount: up to \$5,000 per academic year or computer related expenses is a one-time allowance up to \$1,000.

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 at Stanford University. Exceptions can be made for students on a medical leave of absence.

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 \$750 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.

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 notify you of the status of your application two to four weeks after the application materials have been submitted.

Completed applications received during August will begin receiving notifications during September.

Missing or incomplete application documents or information will result in a delay in processing.

Student Name	Email
SUID	Telephone
Department	School
Degree (PhD, MA, MS, etc.)	Year of Study (1 st , 2 nd , 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 Domestic Partnership Separated Divorced Widowed

Name of spouse/partner (if applicable): _____

Spouse or Partner 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)

