

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 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 at Stanford University. Exceptions can be made for students on 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 the month of 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
(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 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)

ADDITIONAL QUESTIONS

Are you currently enrolled for this quarter?

Yes No

If medical, did condition exist at time of admission to Stanford?

Yes No

Have you applied for any education loans this current award year? Yes No

What is your outstanding educational loan debt today?

Did you complete the most recent FAFSA application?

Yes No

Has the patient been treated at Vaden Student Health Center for this condition? Yes No

Have you previously applied for the Grant-In-Aid?

Yes No

If yes, please indicate last date of request

GRANT-IN-AID BREAKDOWN

List a breakdown for the period(s) for which the grant is requested.

<u>Date of Expense</u>	<u>Item Description</u>	<u>Documentation</u> (Receipts, Invoices, etc.)	<u>Amount</u>

Total Amount of Emergency Grant-In-Aid Request

CONSENT

By signing this application, I hereby consent to Stanford University’s collection and processing of any sensitive personal data contained during my submission to evaluate my eligibility for the other purposes described in Stanford University’s Online Privacy, Offline Privacy Policy, and the Privacy Notice for Admissions and Financial Aid, which can be found at privacy.stanford.edu

Name (print)

Student Signature

Date

Electronic signatures are not accepted.

Please complete and sign this form, then scan and upload to the Financial Aid Office at <http://financialaid.stanford.edu/upload>.