University of Oregon Graduate Student Assistance Fund

Award Application

Instructions: Complete items 1-3, gather required supporting documents, and submit form and required supporting documents to the Graduate School, attention Marcia Walker (marcia@uoregon.edu). The Graduate School will make every effort to provide the student with a decision within one week of receipt.

1. STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>UO ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>UO Email Address</td>
<td>@uo..</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City, State, Zip</td>
</tr>
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</table>

2. QUALIFYING EVENT (CHECK BOX)

✓ Check appropriate box to the left | Attach/append required documents

- New Child: Birth, adoption or foster care placement of a child
  Certification from care provider, adoption/placement/social services agency, or court of law (The certification form available on the Graduate School website may be used.)

- Medical Issue: Pregnancy disability or prenatal care
  Certification of medical condition (The certification form available on the Graduate School website may be used.)

- Medical Issue: Spouse/partner, child or parent experiencing serious medical condition
  Certification of medical condition (The certification form available on the Graduate School website may be used.)

- Medical Issue: Student’s own serious health condition
  Certification of medical condition (The certification form available on the Graduate School website may be used.)

3. FINANCIAL HARDSHIP

AMOUNT OF REQUEST: Expenses and/or lost wages must be documented. (May not exceed $1,500 for New Child or $1,000 for Medical Issue)

<table>
<thead>
<tr>
<th>Overall household income from all sources:</th>
</tr>
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<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

By initialing here, you are certifying that this request represents a financial hardship for your household. (Please initial in box to the right)

BRIEF DESCRIPTION OF FINANCIAL HARDSHIP AND ANY EXPENSES/WAGES FOR WHICH YOU ARE REQUESTING REIMBURSEMENT. [Do not exceed 250 words. Statement may be continued or provided on separate sheet.]

4. DOCUMENTATION

Please include documentation of expenses for which you are requesting “Medical Issue” reimbursement. For medical claims, the bill must either show that insurance has paid, or you must include an explanation of benefits showing that insurance will not pay the claim in full. For lost wages, include full and reduced pay stubs to document reduction in pay, or indicate “lowered GTF pay” and the Graduate School can check this internally.
The University reserves the right, for any reason and at any time, including during the appeals process, to request additional documentation supporting the applicant’s claims about monthly income, monthly expenses, financial hardship and/or the qualifying event. Such documentation may include current pay stubs; the previous year’s completed federal tax return and W-2s for all employment income; documentation of additional income sources; insurance statements; childcare provider bill; Financial Aid and/or student billing statement; and/or medical bills or other documents illustrating financial hardship incurred within last 90 days. All documents shall be submitted via hard copy and returned to the applicant after a decision letter has been issued and the appeals process has been exhausted.

SIGNATURE OF APPLICANT

a) I certify that the information herein is complete and accurate.

b) I am aware that knowingly making false statements will result in a denial of my application or required return of any disbursed funds, and may also result in discipline under the UO Student Conduct Code.

c) I understand that my student record, this application and all supporting documentation will be reviewed by school officials with a legitimate educational interest.

d) I will apply all monies received from the Graduate Student Assistance Fund consistent with the terms of the award as outlined in the award letter.

e) I understand that monies received may be considered as income and may be taxable, and that I should consult a tax professional or accountant for tax liability information.

SIGNATURE AND DATE

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TO BE COMPLETED BY THE GRADUATE SCHOOL:

Student’s Name

Degree Program

Student’s UO ID

Master’s/Doctoral

ELIGIBILITY CONFIRMATION

YES if admitted to and enrolled in a master’s or doctoral degree program.

YES if in the term in which the qualifying event took, or will take, place: Enrollment in at least three graduate credits.

YES if in the term in which the application for funds is being made: Enrolled in at least three graduate credits OR on leave only as a result of qualifying event (must be documented in application for on-leave status).

YES if in good academic standing. (Cum. Grad GPA: _____);

YES if qualifying event is confirmed and took place within the last 90 days.

YES if has not met max of previous awards from the Graduate Student Assistance Fund: master’s students= 2; doctoral students= 6.

YES if has not received an award from the Graduate Student Assistance Fund that is associated with the above-described qualifying event.

DECISION

Amount Awarded: Date Student Notified: Date RAR Submitted:

Reviewed by: Notes (If request was denied, cite reason here):

Dean Signature and Date:

Form Revised 3/3/16