

**Stanford University
TUITION GRANT PROGRAM APPLICATION**

INSTRUCTIONS

- Submit *one* application for each academic year. Must submit *separate* application for Summer session.
- Read and understand the guidelines available online at <http://benefitsu.stanford.edu>
- Complete *every* box.
- Keep a copy for your files and return the original to:
Campus BenefitSU, Stanford University, 655 Serra Street, Stanford, CA 94305-6110
SLAC SLAC, Mail Bin 11, 2575 San Hill Road, Menlo Park, CA 94025

Please Print or Type

P A R E N T	Name of Parent Employed at Stanford (Last Name, First Name, Middle Initial)		Social Security #	Date of Hire
	Department	Mail Code/Bin#	Position or Title	Work phone #
	Home Address	<input type="checkbox"/> Check here if this is a new address	Email Address	Parent's Employment Status <input type="checkbox"/> 100% Full-Time <input type="checkbox"/> 50% - 99% Full-Time

S T U D E N T	Name of Student (Last Name, First Name, Middle Initial)	Birthdate (MM/DD/YY)	Student Social Security #
	Relationship of Student to Employee (Additional information or documentation may be required.) <input type="checkbox"/> Natural or Adopted Child <input type="checkbox"/> Stepchild who has lived with me for a least 12 months <input type="checkbox"/> Foster Child who has lived with me for at least 24 months <input type="checkbox"/> Domestic Partner's Child who has lived with me for at least 12 months		Class Level <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior
	Has this student used the Tuition Grant Program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Stanford student, Stanford ID # Required

C O L L E G E	Name Of Institution	City and State of Institution
	Academic Year _____ Check all quarters/semesters during this Academic Year for which you are applying for Tuition Benefits. Remember, separate application required for Summer session.	Number of Units to be taken (per quarter/semester) <input type="checkbox"/> Full-Time (9 or more) <input type="checkbox"/> Part-Time (8 or less)
	Quarters <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Semesters <input type="checkbox"/> Fall <input type="checkbox"/> Spring Summer <input type="checkbox"/>	

TUITION GRANT PROGRAM (TGP) REQUIREMENTS and RULES

(Note: Details on Requirements and Rules can be found in the Tuition Grant Program Guidelines.)

- You must be a benefits-eligible Stanford University employee to be eligible for TGP benefits. If, during the period for which you are applying for tuition benefits you go on leave without salary or your employment becomes less than full-time, you must contact the TGP Administrator.
- You must provide over 50% of the child's financial support, claim the child as a dependent for federal income tax purposes, or the child must live primarily with you when he/she is not at school. Contact the TGP Administrator immediately if the child's eligibility status changes.
- Benefits will not be paid toward more than 12 quarters or 8 semesters of eligible attendance, including Summer sessions.

TAX INFORMATION

Please check any boxes that apply and initial:

- _____ I can claim the child named above as a dependent on my Federal income tax return for the year for which benefits are requested.
- _____ I provide over 50% of support for the child named above.
- _____ The child named above resides primarily with me when he/she is not away at school.

If the child named above is not your tax dependent, tuition benefits will be treated as additional compensation to you. Stanford will withhold income and Social Security taxes from the benefit payment accordingly.

Stanford University reserves the right to request supporting documentation or other evidence of eligibility.

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.
- 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 the tax treatment of the benefits paid under the Program. I authorize Stanford to recover from me (including through payroll deduction) the Program benefits it pays (and related costs including tax withholding liabilities) based on inaccurate or incomplete information.

Employee Signature

Date

For office use only	
Application is <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	Quarters or semesters remaining after this award _____
Taxable benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	