

Graduate School Family Assistance Scholarship Application

Applicant's Name:

First _____; Middle _____; Last _____

Address: _____

Phone number _____

UAB email address _____

Research-based Ph.D. program into which you have been accepted:

(Please attach a copy of your acceptance letter and/or assistantship/fellowship appointment letter with this application)

Expected matriculation date _____

Expected degree completion date _____

Spouse/Partner Name (if applicable):

First _____; Middle _____; Last _____

E-mail: _____

Work address: _____ Work phone: _____

Occupation: _____

If a student, institution: _____ Degree sought: _____

Start date of study: _____ Expected graduation date: _____

If working, hours per week: _____ Employer: _____

In the space below, please provide a detailed description of the family-related financial need that prompts you to apply for this scholarship. Appropriate documentation to verify your financial need must accompany your application.

Additional information required if the Scholarship will subsidize costs of childcare

Dependent children must be enrolled in a childcare center or family childcare home that is accredited or licensed by the city, county or state in which the facility is located.

Number of Children: _____

Child name: _____ Date of birth: _____

Name of childcare facility: _____ Cost per month: _____

Accreditation or licensing unit _____

Type of Care: Full-time Part-time

Is child currently enrolled in program? Yes No

Anticipated start date if child is not yet enrolled _____

Child name: _____ Date of birth: _____

Name of childcare facility: _____ Cost per month: _____

Accreditation or licensing unit _____

Type of Care: Full-time Part-time

Is child currently enrolled in program? Yes No

Anticipated start date if child is not yet enrolled _____

Child name: _____ Date of birth: _____

Name of childcare facility: _____ Cost per month: _____

Accreditation or licensing unit _____

Type of Care: Full-time Part-time

Is child currently enrolled in program? Yes No

Anticipated start date if child is not yet enrolled _____

Child name: _____ Date of birth: _____

Name of childcare facility: _____ Cost per month: _____

Accreditation or licensing unit _____

Type of Care: Full-time Part-time

Is child currently enrolled in program? Yes No

Anticipated start date if child is not yet enrolled _____

Income Information

Gross family income, including child support: _____

Tuition and fees directly paid by student:

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Subtract tuition and fees from gross family income to obtain net family come.

Net family income: _____

Confidentiality: All financial information reported will be kept confidential.

Attach to this form

- Federal Income Tax Statement for previous calendar year; redact or omit any social security numbers.
- Graduate Program Admissions Decision letter
- Assistantship/Fellowship appointment letter (if applicable)
- Pricing details for childcare center.

Ensure that all financial information includes the spouse/partner, if applicable.

I verify that all information provided on this form is accurate to the best of my knowledge. I recognize that providing inaccurate information will be considered a violation of the Graduate School's policies and will forfeit all current and future support from this fund.

Student Signature

Date

Spouse/Partner Signature

Date

Submit the application along with the documents indicated above as attachments to Cynthia Ballinger, UAB Graduate School, Suite G03 Lister Hill Library, 1700 University Blvd.; Birmingham, AL 35294-0013.