

UAB GRADUATE FAMILY ASSISTANCE SCHOLARSHIP*

Description:

UAB announces the availability of a Family Assistance Scholarship for eligible graduate students. Scholarship funds will be provided to graduate students who have family-related financial commitments that would, if not resolved, prevent them from enrolling in a degree-granting graduate program. Necessary expenses, such as for child care, care of a parent, unusually high prescription drug costs not completely covered by health care policies, etc. would be considered appropriate reasons to apply for a Family Assistance Scholarship. Funds from these scholarships will be capped at \$5,000 per year and will be provided in addition to any stipend or other support awarded to students through their graduate program.

Eligibility:

Family Assistance Scholarships will be awarded on a competitive basis only to new graduate students who are US citizens or permanent residents and who have already been accepted into a research based Ph.D. program at UAB. To retain their Family Assistance Scholarship, recipients must be enrolled as full-time students. Scholarship amounts will be based on demonstrated financial need and will be renewable annually if the student is making satisfactory progress in his/her graduate program and is able to provide verification that the family-related financial need persists. UAB is committed to achieving a diverse learning environment. Women, minorities and others who have a financial responsibility for supporting children, a parent, or sibling are encouraged to apply. As indicated above other relevant financial needs may qualify as well.

Application Procedures:

After receiving an offer of acceptance into a research-based PhD program at UAB, prospective students who meet the eligibility criteria indicated above may apply for a Family Assistance Scholarship by providing the information requested in the application form on the following application pages.

The scholarship will be awarded by the Graduate School according to financial need. Your income will be determined by your gross family income, including any child support payments. Please attach a copy of your most recent federal income tax form and any financial aid award letters from UAB for the current year to the application form. Please report family base salaries only, or earnings if self-employed. Be sure to document in the application what you pay directly for tuition and fees, especially if that money is included in your stipend or fellowship paycheck. These commitments will then not be included by the selection committee in determining net income.

Please Note: A significant change in family income during the year will affect the scholarship amount. This would occur, for example, when a spouse who formerly did not work starts a new job or the student or his/her spouse receives a significant salary increase. Scholarship recipients are required to immediately notify Ms. Cynthia Ballinger should family income change so that the amount of scholarship can be re-evaluated and adjusted as required.

Confidentiality

All financial information reported by applicants will be kept strictly confidential.

FAMILY ASSISTANCE SCHOLARSHIP APPLICATION

Applicant's Name:

First _____; Middle _____; Last _____

Address: _____

Contact Information:

Home Telephone Number _____

Preferred Mobile Phone Number _____

Preferred email Address _____

Research Based UAB Ph.D. Program Into Which the Applicant Has Been Accepted:

(Please Provide a Copy of Your Acceptance Letter From the program With This Application)

Expected Matriculation Date _____

Expected Degree Completion Date _____

Please provide on a separate page a detailed description of the family-related financial need that prompts you to apply for this scholarship. Include a statement regarding the minimum scholarship amount necessary to meet this need. Appropriate documentation to verify the financial need must accompany your application.

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: _____

Additional Information is Required if the Scholarship will Subsidize Costs of Child Care

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

Children Description

Number of Children: _____

Child Name: _____ *Date of Birth:* _____

Name of Child Care facility: _____ *Cost per Month:* _____

Accreditation or licensing unit _____

Type of Care: Full-time or Part-time *Is child currently enrolled in program?* Yes or No
Anticipated start date if child is not yet enrolled? _____

Child Name: _____ *Date of Birth:* _____

Name of Child Care facility: _____ *Cost per Month:* _____

Accreditation or licensing unit _____

Type of Care: Full-time or Part-time *Is child currently enrolled in program?* Yes or No
Anticipated start date if child is not yet enrolled? _____

Child Name: _____ *Date of Birth:* _____

Name of Child Care facility: _____ *Cost per Month:* _____

Accreditation or licensing unit _____

Type of Care: Full-time or Part-time *Is child currently enrolled in program?* Yes or No
Anticipated start date if child is not yet enrolled? _____

Child Name: _____ *Date of Birth:* _____

Name of Child Care facility: _____ *Cost per Month:* _____

Accreditation or licensing unit _____

Type of Care: Full-time or Part-time *Is child currently enrolled in program?* Yes or No
Anticipated start date if child is not yet enrolled? _____

Income Information

Gross family income, including child support: _____

(If you are an incoming student, use estimated amounts for 2016-2017 school year)

Tuition and fees directly paid by student:

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Tuition and Fees: _____ Name of Student: _____

Institution: _____

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

Net family income: _____

Confidentiality: All financial information reported will be kept confidential.

Attach to this form

- **Federal Income Tax Statement for 2015**

- **Financial Aid Letter for 2016 - 2017.**

- A letter from a department official, such as Director of your Graduate Program, detailing stipend and fellowship support will serve this purpose.

- As many centers charge a sliding scale based on the age of the child, this schedule should list the center's prices per months for different age ranges.

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 judicial policies and will handled accordingly.

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

*Portions of the eligibility criteria, and content of the forms requesting applicant information were developed by Duke University and are incorporated here with the permission of the Duke University Graduate School.