

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 by email to the Division of Graduate Studies – [graduatestudies@uoregon.edu](mailto:graduatestudies@uoregon.edu). The Division of Graduate Studies will make every effort to provide the student with a decision within one week of receipt.

**1. STUDENT INFORMATION**

Date of Application		UO ID Number	
Last Name		First Name	
UO Email Address		Phone Number	
Street Address		City, State, Zip	

**2. QUALIFYING EVENT (CHECK BOX)**

✓	<i>Check appropriate box to the left</i>	<i>Required Documentation – Please Attach</i>	<i>Amount Requested</i>
	<b>New Child:</b> Birth, adoption or foster care placement of a child <b>Award limit: \$1500</b>	Certification from care provider, adoption/placement/ social services agency, or court of law (The certification form available on the Graduate Studies website may be used.)	
	<b>Childcare Expenses (GEs):</b> Documented childcare expenses during the first seven (7) years of the child’s life or within the first seven (7) years following an adoption. This assistance may be used once per academic year per child. <b>Award limit: \$700</b>	Certification from childcare provider for expenses. This documentation may include receipts or invoices. (The certification form available on the Graduate Studies website must be included.)	
	<b>Medical Issue:</b> Student’s own serious health condition Spouse/partner, child or parent experiencing serious medical condition Pregnancy disability or prenatal care <b>Award limit: \$1000</b>	Certification of medical condition (The certification form available on the Graduate Studies website may be used.) Additionally, must provide documentation of expenses. Documentation 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 Division can check this internally.	

**3. FINANCIAL HARDSHIP**

Overall monthly household income from all sources:	\$
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**

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, expenses, 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**

	<ul style="list-style-type: none"> <li>a) I am certifying that this request represents a financial hardship for my household.</li> <li>b) I certify that the information herein is complete and accurate.</li> <li>c) 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.</li> <li>d) I understand that my student record, this application and all supporting documentation will be reviewed by school officials with a legitimate educational interest.</li> <li>e) 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.</li> <li>f) 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.</li> </ul>
SIGNATURE AND DATE	