

WESTERN NEVADA COLLEGE
Classified Family Grant-in-Aid Request Form
for spouses, domestic partners, and dependents of classified staff

Employee Name: _____ Department: _____
Employee ID Number: _____ Student ID Number: _____

Year: 20____ Semester: Fall Spring Summer

Name of Family Member: _____

Relationship to current classified employee:

Spouse/Domestic Partner Financially Dependent Child

Dependency Declaration - initial the applicable statement.

_____ I attest that the above-named dependent student meets the Classified Family Grant-in-Aid Program definition of "financially dependent child" as a natural, adopted or step child of a classified staff member or his or her domestic partner who is not financially independent, is claimed as an exemption for federal income tax purposes under the U.S. Internal Revenue Code (26 U.S.C. § 152), and has not attained the age of 24.

Dependent child's date of birth: ___/___/___

_____ If over the age of 24, has served on active duty in the United States Armed Forces

_____ I attest that the above-named student is my spouse or domestic partner.

I understand that:

1. The value of this fee waiver may represent taxable income to me and, as such, will be included on my form W-2;
2. No deductions for federal income tax will occur as a result of this fee waiver, but I may make adjustments to federal income tax withholding by completing and submitting a new form W-4 to the Payroll Department;
3. If I am subject to federal withholding and/or Medicare tax, the deduction(s) will be withheld based on the value of this fee waiver (subject to maximum coverage limitations).

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct; that I have read all the qualifications above, as well as the Classified Family Grant-in-Aid Program document that is attached to this form; and that I am entitled to request Grant-in-Aid for the above shown applicant. I understand that false representations in this certification may subject me to civil liability, disciplinary action up to and including termination, and referral to the Nevada Attorney General for criminal investigation. I also understand and agree that Western Nevada College may request proof of dependent eligibility at any time.

Employee signature

Date

Reviewed and approved by immediate supervisor

Date

Reviewed and approved by vice president

Date

HR Review of employment

Date

Appointing Authority, P. Mark Ghan

Date

Human Resources Office Use Only:

Human Resources

_____/_____/_____
Date Paid

Amount Paid