



**NEVADA SYSTEM OF HIGHER EDUCATION/
WESTERN NEVADA COLLEGE Grant-in-Aid Request Form**
for professional staff members, their spouses and financially dependent children

Employee Name: _____ Department: _____

Employee ID Number: _____ Student ID Number: _____

Check the applicable box: Current Staff Emeritus/Retired Staff Spouse
 Dependent of Staff Dependent of Deceased Staff Domestic Partner

Year: 20____ Semester: Fall Spring Summer -- mini, 1st, 2nd, 3rd (*circle applicable Summer term*)

Employee Grant-in-Aid – complete the following:

Institution Attending: UNR UNLV NSC CSN GBC TMCC WNC

Number of credits: _____ undergraduate credits _____ graduate credits
(maximum of 6 credits per semester are grant-in-aid eligible for professional employees)

Dependent/Spouse/Domestic Partner Grant-in-Aid – complete the following:

Name of Dependent: _____

Institution Attending: UNR UNLV NSC CSN GBC TMCC WNC

Relationship to current or former employee:

Spouse Domestic Partner Financially Dependent Child* Widow/Widower

***Dependency Declaration** - initial the applicable statement.

_____ I attest that the above-named dependent student meets the Board of Regents’ definition of “financially dependent child” as a natural, adopted or step child of a professional 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, if for a dependent, spouse or domestic partner graduate-level course, 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 excerpts from the Board of Regents’ Handbook that are attached to this form; and that I am entitled to request Grant-in-aid for the above shown applicant(s). 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 the Nevada System of Higher Education 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