



GRADUATE STUDENT GOVERNMENT

COLORADO SCHOOL OF MINES

Graduate Student Government Family Assistance Grant

The Family Assistance Grant is intended to help defray the costs of child care services and health insurance for graduate students with children while attending the Colorado School of Mines. This scholarship is funded by the Graduate Student Government (GSG) and the Colorado School of Mines.

To be eligible for this scholarship, you must:

- 1) be a full or part time graduate student at the Colorado School of Mines,
- 2) be in good academic standing as defined in the Graduate Bulletin,
- 3) have at least one child of preschool age (under 6 years of age) attending a licensed daycare service

AND/OR

- 4) have a child or children and a spouse without medical insurance coverage available outside of the Student Health Insurance Plan (SHIP), and
- 5) have documented financial need.

In determining financial need several factors are considered. Among these are household income, educational expenses, other non-documented sources of income and whether or not subsidized access to daycare services or health insurance through another program are available. Awards through this program are made semi-annually (beginning of Fall and Spring semesters) on a competitive basis. Currently, the amount of the awards are for \$125 per month for a 10 month duration spanning the school year (August through May), for a total of \$1250, payable in two installments, one each semester. As awards are given in the form of a grant based on financial need, these may, depending on the awardee's individual circumstances, be tax exempt.

The applications are evaluated by the GSG Family Assistance Grant Advisory Committee. This committee is comprised of 5 members and is charged with evaluating and ranking applications based on the criteria defined above. The Advisory Committee makes its award recommendations to the GSG Executive Committee. The Executive Committee then makes the final decision regarding the awards. For the purposes of evaluating applications to the Family Assistance Grant program, the Dean of Graduate Studies is a voting ex officio member of both the Advisory and Executive Committees.

If you are denied an award and extenuating or other mitigating circumstances exist, you may appeal the award decision. Appeals are considered by the Executive Committee, they must be made in writing and they must be received by the Executive Committee no later than 5 business days after initial notification of the award. Examples of extenuating circumstances that would be considered include, but are not limited to: a sudden illness in the immediate family, large medical bills, or recent loss of a job.



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GSG Family Assistance Grant Application

Fill out this form and return it and all necessary documentation as noted below to the Office of Graduate Studies by the application deadline.

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Student ID # _____

Gross Adjusted Income (entire household, last year) _____

Do you (or does your spouse) pay your CSM tuition? Y N

If yes, please indicate the cost of your tuition last year _____

Total number of children _____

Ages of children (e.g.: 9 mo, 2 1/2 yrs) _____

Is at least one of your children currently enrolled in a licensed day care? Y N

If yes, is s/he enrolled Fulltime or Part-time (please circle one)?

Do you/does your spouse have another employer who also provides a child care subsidy? Y N

If yes, amount of that subsidy (annually) _____

Does any member of your immediate family (spouse and/or children) have access, through an employer or otherwise, to health insurance with a similar cost and similar coverage/benefits to the SHBP, except through you? Y N

Do you currently pay for the SHBP for your immediate family? Y N

If yes, amount you pay (annually) _____

Please attach to this application form:

- 1) a copy of last year's tax return, indicating income
- 2) a copy of the child care contract, if your child is currently enrolled in day care
- 3) a copy of your student account indicating payment for the cost of the SHBP for your immediate family
- 4) a list of loans you are currently receiving
- 5) a brief statement indicating how you currently are meeting your tuition and living expenses

I assert that, to the best of my knowledge, this form has been completed truthfully:

Applicant Signature _____ Date _____