PENNSTATE

AUTHORIZATION FOR DEPENDENT GRANT-IN-AID
FOR COURSES AT THE PENNSYLVANIA COLLEGE OF TECHNOLOGY

Dependent's Name:	
PSU ID Number:	Semester/Session & Year Aid to begin:
Relationship: ☐ Spouse ☐ Child	(Unmarried child including stepchild or legally adopted child)

Faculty or Staff Member's Name:	
PSU ID Number:	Date of Employment:
College or Department:	Campus Location:

I hereby apply for dependent grant-in-aid for the above named dependent and agree to notify the Employee Benefits Division if said dependent becomes ineligible under the terms of HR-37, Grant-in-Aid for Dependents of Members of the University Staff.

_____/_____
Signature of Faculty or Staff Member Date

PROVISIONS OF HR-37

Full provisions of the grant-in-aid policy are found in HR-37 of the University's Policy Manual. Some specific provisions of the policy include:

A. available to a spouse for any semester/session that begins two years or later from the eligible faculty or staff member's date of regular, full-time employment

B. grant-in-aid applies only to courses for which regular tuition is charged

C. grant-in-aid applies only until a dependent child receives the bachelor's degree from the University or any other college or university

D. faculty and staff members eligible to claim grant-in-aid include:

1. a regular, full-time faculty or staff member
2. a person holding a full-time special faculty appointment
3. a member of the military service on the staff of the Department of Military Science and Tactics, Air Science and Tactics, or Naval Science
4. a retired faculty or staff member who qualified to continue the group insurance after retirement

E. faculty and staff members must remain in full-time, regular employment for at least one-half of the semester or summer session in order to maintain eligibility for the grant-in-aid.

ADDITIONAL INFORMATION REGARDING PROCEDURE FOR CLAIMING GRANT-IN-AID

The authorization form is to be completed prior to registration and forwarded to the Employee Benefits Division, James M. Elliott Building, University Park, PA 16802.

The form is to be completed for each eligible dependent enrolled at the University. Once submitted, it does not have to be resubmitted for subsequent semesters/sessions UNLESS the dependent has not scheduled courses over a period of a full academic year.

For Employee Benefits Division Use Only:

Fee reduction to be effective with _____Semester/Session_____Year

Retired_____Deceased_____Military or Other_____