



# GRANT IN AID APPLICATION

Email form to: [HRGIA@unlv.edu](mailto:HRGIA@unlv.edu)

### FOR HR USE ONLY

GIA TYPE: \_\_\_\_\_  
TOTAL # CREDITS APPROVED: \_\_\_\_\_  
PROCESSED BY: \_\_\_\_\_

### STUDENT TYPE (Check One Box)

#### **FACULTY EMPLOYEE\***

- Faculty Member (Complete Sections 1a, 1b & 4)
- Spouse, Domestic Partner or Dependent of Faculty Member (Complete Sections 1a, 1b & 2)
- Emeritus/Retired Faculty Member (Complete Section 1a, 1b)
- Spouse, Domestic Partner or Dependent of Emeritus/Retired Faculty Member (Complete Sections 1a, 1b & 2)
- Disabled Faculty Member (Complete Section 1a, 1b)
- Spouse, Domestic Partner or Dependent of Disabled Faculty Member (Complete Sections 1a, 1b & 2)
- Spouse, Domestic Partner or Dependent of Deceased Faculty Member (Complete Section 1a, 1b & 1<sup>st</sup> Line of Sect 2)

*\*For the purpose of this document, "Faculty" represents Academic Faculty and Professional Staff. The provisions for Grant-in-aid for professionals can be found in the Board of Regents Handbook Title 4, Chapter 3.*

#### **CLASSIFIED EMPLOYEE\*\***

- Classified Staff Member (Complete Sections 1a, 1b & 4)

*\*\*The provision for Fee Waivers for classified employees can be found in Nevada Revised Statute 284.343 and Nevada Administrative Code 284.482*

#### **PART-TIME INSTRUCTOR/LOA/LOB**

- Part-Time Teaching, PTI (Complete Sections 1a, 1b & 3)
- Part-Time Non-Teaching duties, per student pay (Complete Sections 1a, 1b & 3)

### SECTION 1A: STUDENT INFORMATION

NAME: \_\_\_\_\_  
*Last Name, First Name M.I*  
STUDENT NSHE ID NUMBER: \_\_\_\_\_  
DOB: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
*MM/DD/YY*  
INSTITUTION ATTENDING: \_\_\_\_\_  
SEMESTER ATTENDING: \_\_\_\_\_ YEAR: \_\_\_\_\_  
TYPE OF CREDITS: \_\_\_\_\_

### SECTION 1B: COURSE INFORMATION

| SUBJECT | COURSE # | CREDITS | SUBJECT | COURSE # | CREDITS | SUBJECT | COURSE # | CREDITS |
|---------|----------|---------|---------|----------|---------|---------|----------|---------|
| _____   | _____    | _____   | _____   | _____    | _____   | _____   | _____    | _____   |
| _____   | _____    | _____   | _____   | _____    | _____   | _____   | _____    | _____   |
| _____   | _____    | _____   | _____   | _____    | _____   | _____   | _____    | _____   |

### SECTION 2: CHILD/SPOUSE/DOMESTIC PARTNER OF FACULTY MEMBER

FACULTY MEMBER NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

#### PLEASE INITIAL THE STATEMENT THAT APPLIES:

\_\_\_\_\_ 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. \_\_\_ Initial if student is over the age of 24, but has served on active duty in the United States Armed Forces.

\_\_\_\_\_ I attest that the above named student is my spouse/domestic partner.

I understand that:

- The value of this fee waiver, if for a dependent, spouse/domestic partner graduate level course, may represent taxable income to me and, as such, will be included on my form W-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;
- If I am subject to federal withholding and/or Medicare tax, the deduction(s) will be withheld based on the value of this 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 and that I am entitled to request Grant-in-aid for the above shown student. 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: \_\_\_\_\_ EXT: \_\_\_\_\_

### SECTION 3: STUDENT IS A CURRENT PART-TIME INSTRUCTOR OR NON-ACADEMIC LETTER OF APPOINTMENT

I hereby certify that the student is **currently** a part-time faculty member or part-time professional staff member at UNLV. GIA benefit is only available during the fall and spring semesters for PTI and LOA/LOB. For PTI, the total number of credits eligible for GIA is determined by the number of credits currently teaching or the number of credits taught in the previous semester. For LOA/LOB (non-teaching), the total number of credits eligible for GIA is determined by the FTE and not to exceed 6 credits.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ EXT: \_\_\_\_\_

DEAN/VP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ EXT: \_\_\_\_\_

### SECTION 4: STUDENT IS FACULTY OR CLASSIFIED STAFF

With approval from the employee's supervisor, time to attend class may be scheduled outside of work hours, arranged through a flexible work schedule, approved as annual leave, or granted as release time; considered time worked.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_