

2009-2010

K-State Spouse/Dependent Grant Application



Complete and return this form to:

Office of Student Financial Assistance 785-532-6420
104 Fairchild Hall FAX: 785-532-7628
Manhattan, KS 66506-1104 877-817-2287 (toll free)

Please complete all three sections of the application and return it to the address listed above. For your information, we encourage you to review the eligibility details for this program at www.k-state.edu/sfa/grants/sdg.htm.

Student Information:

Last Name First Name Middle Initial Social Security Number

Street Address City State Zip Code

E-mail Address Phone Number Date of Birth

- For the 2009-10 academic year, I will be a dependent child enrolled full-time as an **undergraduate** student.
- For the 2009-10 academic year, I will be a spouse enrolled as an **undergraduate** student.
- For the 2009-10 academic year, I will be enrolled as a **graduate** student.
- For the 2009-10 academic year, I will be enrolled as a **veterinary medicine** student.

Student Signature Date

K-State Employee Information:

- The student listed above is my spouse.
- The student listed above is a dependent child of mine. (A dependent child is a natural, step, adopted, or foster child under the age of 25, who is claimed as a dependent child for income tax purposes.)

By signing below, I confirm the above to be true and I expect to carry at least a 0.9 FTE appointment with Kansas State University throughout the student's 2009-2010 academic year (August 24, 2009-May 14, 2010).

K-State Employee Name (Last, First, MI) K-State Employee ID

K-State Employee Signature Date

Department or Human Resources Certification:

By signing below, I confirm that the above listed K-State employee is currently employed with Kansas State University and that I anticipate, at this time, that he/she will be employed at least at the 0.9 FTE appointment throughout the 2009-10 academic year (August 24, 2009-May 14, 2010).

Department Date

Department Supervisor or Human Resources Official Signature