Student-Parent Grant Funding

Weill Cornell Medicine is proud to provide financial support for graduate students who are parents, to aid in the costs associated with supporting a family.

How Does the Program Work?

Eligible student-parents may receive a taxable grant one time per year if they are enrolled fulltime in a doctoral program through Weill Cornell Medicine Graduate School for Biomedical Sciences. Eligibility is dependent upon enrollment, income and child age. Applications will be accepted at two timepoints over the course of the year, to include those who missed the first deadline, or those who were not eligible at the time. All eligible students with applications submitted by the deadline will be awarded grant funding. Amounts indicated below reflect the maximum grant amount per family unit, but are dependent on the number of eligible students.

Eligibility Requirements:

Eligible students must:

- 1) Be enrolled full-time in a doctoral program through the Weill Cornell Medicine Graduate School for Biomedical Studies for the year during which you apply for grant funding.
- 2) Students must be the custodial parent or legal guardian of the child
- 3) The child must reside full-time with the student
- 4) Child age and household income must be under the maximums as allowed below
- 5) International and domestic students are eligible to apply

If you have any questions regarding your eligibility, please reach out to the Office of Student Affairs at graduatestudentaffairs@med.cornell.edu

Grant Award Amounts:

Note: amounts below reflect maximum grant amount per family unit, but is dependent on the number of eligible students.

Amounts 2023-2024:

(maximum award amount per household = \$10,000)

Household Income (per 2022 information)	Infant/Toddler/Preschool (per child)	School-age Award (per child) – Kindergarten up to 12 years old	Age 13 – High School Graduation (per child)
Under \$83,000	Up to \$5,000	Up to \$1,507	Up to \$768
\$83,001 - \$110,000	Up to \$3,000	Up to \$754	Up to \$384
\$110,001 - \$150,000	Up to \$1,500	Up to \$377	Up to \$192

Additional funds may be awarded for single parents or for students with a child with a disability. The **amount added to the award** is, at maximum, as follows:

- a. Infant/Toddler/Preschool (up through preschool) = \$1,507 maximum
- b. School-Aged Children (kindergarten up to age 12) = \$476 maximum
- c. Age 13 through High School Graduation = \$234 maximum

Application Process:

Completed applications will require:

- 1) Completed application form consisting of basic family information
- 2) Verification of <u>family</u> adjusted gross income via one of the following methods:
 - a. completed 2022 tax return
 - b. employer statement earnings for 2022
 - c. If neither is possible, page 1 of the IRS 1030 form can be completed and submitted by the student. The form can be found at: <u>https://www.irs.gov/pub/irs-pdf/f1040.pdf</u>
 - d. for international students, a comparable verification should be provided

Application Dates:

For Academic Year 2023-2024, the dates are as follows:

Sept 1 – application opens for current students

Sept 20 – application closes for current students

October 1 – approximate date for beginning dispersing of funds for current students

January 1 – application opens for students who did not apply at the earlier deadline

January 15 – application closes for students who did not apply at the earlier deadline

February 1 – approximate date for beginning of dispersing of funds for the later deadline

Application Form Weill Cornell Medicine Graduate School Student-Parent Grant Application, page 1 of 2

Application deadline: September 20, 2023

Applicant Na	me:						
	(Last, First, Middle Initial)						
Check one:	O International Student	O U.S. Citizer	n/Permanent Resident				
Address:	City:	State:	Zip:				
Phone:	Weill Corr	nell E-mail:					
Student Statu	us: Program						
	Date of Matriculation/Current Yea	ar:					
Cornell Gradu	o be engaged in September 2023 - Ju uate School program? O Yes O No gistered student).						
Number of ch	nildren supported in this household	:					
Name of Child	d 1:		DOB:				
Name of Child	d 2:		DOB:				
	d 3:		DOB:				
(If more child	ren, please list)						
	gle-parent (defined as a person who unmarried)? O Yes O No		(ren) who is widowed,				
If married, do	omestic partner or legally separated,	name of co-applicant:					
•	ild have a disability? O Yes name:	O No , please submit docum	entation)				
· · · · ·	ying for Age 13-High School Graduati name:	• ,	O No entation)				
2022 Family	Adjusted Gross Income:	, please	submit documentation.				

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Special Considerations: If you do not meet posted eligibility requirements, but believe your situation warrants special consideration, you are encouraged to submit an application and provide a statement about circumstances. Please be sure to add information here or submit it separately.

Statement of Understanding

Please mark 'yes' or 'no' next to each statement below indicating your understanding and agreement.

I certify that I am requesting the Student-Parent Dependent Care Fund for a child(ren), for whom I am financially responsible.		O No
Any monies received via this Student-Parent Dependent Care Grant are considered taxable income and I accept that responsibility.	O Yes	O No
I certify that I will utilize the Student-Parent Dependent Care Grant in a responsible way that enables me to pursue my academic pursuits.	O Yes	O No
I certify that the statements relating to this application are complete and correct to the best of my knowledge and I understand that any intentional misrepresentation in this application may result in cancellation and require repayment of my Cornell University Student-Parent Dependent Care Grant award.	O Yes	O No
Student-Parent Signature: Date:		

Print Name: _____