



# AMHERST COLLEGE

Office of Financial Aid

202 Converse Hall  
P.O. Box 5000  
Amherst, Massachusetts 01002-5000

Telephone (413) 542-2296  
Facsimile (413) 542-2628

## Request for Amherst College Scholarship – Health

*Amherst College requires that all students either participate in the College’s health insurance plan or have comparable medical insurance coverage. If you are already covered by your family’s insurance, it is expected that you will continue to be covered by it. “Amherst College Scholarship – Health” funds are available to Amherst College Scholarship recipients who (with their parents, as applicable) certify to the Office of Financial Aid that they are not covered by their family’s insurance or do not have substantially equivalent coverage. If this is your circumstance, complete this form and return it to the Office of Financial Aid. Your student expense budget and financial aid will be adjusted by the cost of the College’s student health insurance plan. Such scholarship assistance is taxable to you under the Internal Revenue Code.*

Student’s Name: \_\_\_\_\_

Class: \_\_\_\_\_

I request that scholarship assistance be provided to cover the cost of the College’s student health insurance plan for the period August 15, 2007, through August 15, 2008. I make this request for the following reason. (Check one.)

- I am not currently covered by any health insurance plan under either my name or a parent’s name.
- I have compared the health insurance plan in which I am currently participating with Amherst College’s student health insurance plan and have determined that the benefits are not substantially equivalent. (Please explain.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s signature: \_\_\_\_\_ Date: \_\_\_\_\_