Amherst College

Educational Grant-In-Aid for Children of Employees of Amherst College
And the Folger Shakespeare Library

I. ELIGIBILITY
a. The Program is extended to all regular full time and part time faculty, Trustee-Appointed, and staff employees at Amherst College and the Folger Shakespeare Library after the satisfaction of a five-year waiting period. If the College or Library employs both parents, only one grant per child shall apply.
b. To be eligible to receive this benefit, regular faculty, Trustee-appointed or staff employees must be employed continuously for five years immediately preceding the semester for which the grant is being paid. Regular part time service may be used in the calculation of a five-year the waiting period. The waiting period may also include time worked immediately preceding employment with Amherst at educational institutions with a grant-in-aid program, or waived for those who had met grant-in-aid eligibility requirements at another type of employer immediately preceding employment at Amherst.
c. Children of eligible faculty members, Trustee-appointed or staff employees who retire or die while employed by Amherst College or the Folger Shakespeare Library will continue to receive the grant if the eligible dependent is enrolled at a qualifying institution as noted below at the time of the death or retirement of the parent. Appointees who otherwise separate from the College prior to the start of the semester will not be eligible to participate in the Plan. Appointees who otherwise separate from the College during the semester will be responsible for refunding to the College a prorated share of the value of the Grant-In-Aid payment determined by the College.

II. CONDITIONS
a. Recipient must be enrolled as a full-time undergraduate in an accredited four-year college or university, an accredited two-year college, or a program of training at an accredited institution that prepares students for gainful employment in a recognized occupation (i.e. vocational technical school, culinary school etc.).
b. Recipient of this grant must be claimed as a dependent child of the eligible parent on their state or federal tax return.

III. PAYMENTS
a. Grants will be made yearly for each eligible child and will be limited to $10,000 per fiscal year (effective July 2015, Folger remains at $8,000) or the tuition of the institution attended, whichever is lower. Such grants will be limited to four academic years or eight academic semesters, or the equivalent, at a qualifying institution. Eligible part-time employees will receive a payment pro-rated on the basis of their work schedule at the time of the grant payment.
b. Some state institutions list certain costs and fees that are typically included in tuition charges. These charges are evaluated and may be included in the grant payment.
c. Board, room, and other special fees such as student activity fees, health fees, music fees, etc. are not covered by this grant.
d. Only one application per child must be completed per academic year. Payments will be made directly to the college or university attended in equal installments based on the semester structure of the institution attended, generally on or about August 15th or December 15th. No more than $5,000 will be paid in a given semester (less if the school has more than a two-semester structure). Those eligible for Grant-In-Aid may obtain forms at the Office of Human Resources, or from the College’s website. A copy of current tuition charges must accompany a Grant-In-Aid application. Bills for subsequent semester tuition charges should be sent to the Controller’s office prior to scheduled payment by the College.
e. Employees separating from the College during a semester in which Grant-In-Aid has been awarded must reimburse the College a prorated share of the benefit received.

IV. GENERAL INFORMATION
a. Parents of the child may, but need not, apply for additional financial aid directly to the college or university attended or from any other source. Such additional aid, if granted, will not affect the amount of the Amherst College grant. However, this grant may be considered in calculating financial aid awards by the college or university attended.
b. Currently, the grants extended by the College are not generally considered taxable income. However, there may be some instances when the payment will be taxed. The individual will be informed if this is the case. Should there be a change in the tax laws, or a need to restructure the College’s fringe benefit package for whatever reasons, the nature and applicability of the benefit will be reviewed and may, upon approval by the Board of Trustees, be changed. The College does not, in any case, guarantee the after-tax value of the tuition grants.

7/1/2015
AMHERST COLLEGE
Amherst, Massachusetts

APPLICATION FOR GRANT-IN-AID
FOR THE ACADEMIC YEAR – __________

Please type or Print

Name of Student Applicant: __________________________________________________________

College, University
or Vocational School: _____________________________________________________________

Candidate for __________________________________ degree in ______________________ Year ___
A.S., B.A., B.S., Certificate (vocational, etc.)

Tuition Fee   $ __________________  Amount of Grant Requested: $ __________

Payment to be mailed to: ________________________________________________________________
  (Name of School Official)  (Title)
  ______________________________
  (Office)
  ______________________________
  (Street)
  ______________________________
  (City, State, Zip)

Name of Parent: __________________________ College Telephone # ______________

Home Address: ________________________________________________________________
  ____________________________________________________________

Present Position: __________________________ Department: __________________________

I certify the student listed above qualifies for Grant-In-Aid based on the “Conditions” outlined on the
reverse side of this form.

Signature: __________________________________ Date: ______________

Approval of Application:

Date: ______________  Signed: __________________________
  (Human Resources Officer)

Date: ______________  Signed: __________________________
  (Controller)

Charge to: __________________________

Please review the terms and conditions on the reverse side of this form.