

WESLEYAN UNIVERSITY
Office of Graduate Student Services
Application for Graduate Dependency Allowance

Requirements for application:

1. Applicants must receive a Graduate stipend
2. The Graduate stipend must be the only source of income in the household
3. Dependents covered by the dependency allowance must reside full-time in the household

Last Name	First Name	Wes ID
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Residential Address	City	State	Zip
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Academic Department _____ **Degree Program** _____ **PhD** _____ **MA** _____

Anticipated Year of Graduation _____ **Stipend Amount for Year:** _____

Number of months you will be supported by stipend _____

Current Marital Status: Single _____
Domestic Partnership _____
Married _____
Divorced _____
Separated _____

Number of dependents living full-time in household _____ (include spouse/domestic partner)

Name and age of all dependents living full-time in household (include spouse/domestic partner)

1. _____, _____
Name of dependent **Age**

2. _____, _____
Name of dependent **Age**

3. _____, _____
Name of dependent **Age**

4. _____, _____
Name of dependent **Age**

Please attach a copy of applicable marital certificate/domestic partnership agreement/divorce decree/birth certificate(s).

CERTIFICATION: I certify that I will be receiving a Wesleyan Graduate Student stipend for the year of this application, that this stipend is the only source of income for my household, that my spouse/domestic partner does not work, and that my dependents listed on this form reside full-time in my household. I understand that changes to the above will change my dependency allowance and that I must report any changes to the above to the Office of Graduate Student Services.

Student's Signature

Date

Department Chair Signature

Date

NOTE: It is the goal of Graduate Student Services to provide financial assistance to graduate students who meet the criteria listed above. The amount paid per dependent may vary in years when many students apply and the requested funds exceed the available funds. A new application is required each year.

Approved _____

Number of Dependency Allowances Approved _____

Number of months approved for Dependency Allowance _____

Total amount of Dependency Allowance _____

Cheryl-Ann Hagner
Director, Graduate Student Services

Date