



REQUEST FOR CSN GRANT-IN-AID FOR CLASSIFIED EMPLOYEE DEPENDENTS

- Dependent of Classified Employee* Spouse*
 Domestic Partner* Dependent of Deceased Classified Employee*

Student Name _____ Institution Attending: CSN
 Student ID # _____ Year _____ Semester: Fall / Spring
 Employee Name _____ Employee ID #: _____

Class Title	Course #	# of credits	Retake
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

- * I attest that the above-named dependent student meets the following Board of Regents' definition of "financially dependent child" (Title 4, Chapter 3, Section 11) of a classified staff member or his/her domestic partner who is not financially independent, is claimed as an exemption for federal income tax purposes under the U.S. Internal Revenue Code, and has not attained the age of 24.
- Dependent child of domestic partner
 - Natural, adopted, stepson, or stepdaughter;
 - Prior to the official start date of the semester has **not** attained the age of 24. **Age:** _____ **Date of birth:** _____
 - If over the age of 24, has served on active duty in the United States Armed Forces, date proof is attached; and
 - Receives at least 50% of his or her financial support from me and/or my spouse or domestic partner.

I attest that the above-named student is my spouse or domestic partner

I understand that:

1. The value of this fee waiver for a spouse or domestic partner may represent taxable income to me and, as such, will be included on my Form W-2;
2. No deductions for federal income tax will occur as a result of this fee waiver, but I may make adjustments to federal income tax withholding by completing and submitting a new Form W-4 to the Office of Human Resources;
3. If I am subject to federal withholding and/or Medicare tax, the deduction(s) will be withheld based on the value of this fee waiver (subject to maximum coverage limitations).

CSN Grant In Aid may be awarded for courses being repeated pursuant to the Course Repeat policy found in the CSN Course Catalog, unless otherwise limited by the applicable course description or a limited entry program.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct; that I have read all the qualifications above, as well as the excerpts that are attached to this form; and that I am entitled to request CSN Grant-in-aid for the above shown applicant(s). I understand that false representations in this certification may subject me to civil liability, disciplinary action up to and including termination, and referral to the Nevada Attorney General for criminal investigation. I also understand and agree that CSN may request proof of dependent eligibility at any time.

Employee signature	Date
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HUMAN RESOURCES USE ONLY	
<u>Credits</u> <u>Employee</u> <u>Waived</u> <u>Total</u> U _____	

GRANTS-IN-AID FOR CLASSIFIED EMPLOYEE DEPENDENTS

Grants-in-Aid – General Administration

Unless otherwise provided, the following provisions govern the administration of CSN grants-in-aid for classified employee dependents, including their spouse or registered domestic partner and financially dependent children.

1. The registration fees associated with courses taken at the College of Southern Nevada are eligible for a grant-in-aid.
2. Except as otherwise provided, persons who receive a grant-in-aid pursuant to this Chapter and enroll in a state-supported course shall receive a grant-in-aid equivalent in value to that portion of the per credit registration fee allocated to the state supported operating budget (or General Fund). The capital improvement fee and the general improvement fee shall be waived as part of the grant-in-aid.
3. Laboratory and other special course fees, including but not limited to the technology fee, will not be included in a grant-in-aid award.
4. Grants-in-aid may be awarded fall and spring semesters only.
5. Self-supporting courses, including community service and continuing education courses, may be eligible for a grant-in-aid equivalent in value to the total registration fee charged or the amount of the per credit registration fee that would be allocated to the state-supported operating budget (for state-supported courses), whichever is less. It is the responsibility of each institution to designate any self-supporting programs that are not grant-in-aid eligible.

Grants-in-Aid – Classified Employee Dependents

1. The following classifications for Classified employee dependents are eligible for CSN grants-in-aid as defined by this section: a. Full time Classified staff members; b. Classified staff members who are on leave of absence without pay.
2. The spouse and financially dependent child for all categories of classified staff defined in subsection 1 are eligible for CSN grants-in-aid as defined by this section.
3. The domestic partner and their financially dependent children are eligible for CSN grants-in-aid for all categories of classified staff defined in subsection 1 if the domestic partnership is registered with the Office of the Nevada Secretary of State.
4. For the purposes of this document, “financially dependent child” shall mean a natural, adopted or step child of a professional staff member who is not financially independent, is claimed as an exemption for federal income tax purposes under the U.S. Internal Revenue Code (26 U.S.C. § 152), and has not attained the age of 24. The Classified staff member must attest to a dependency each time a grant-in-aid is issued. When awarding a grant-in-aid to a spouse or financially dependent child, the College of Southern Nevada may at any time request proof of dependent eligibility for verification purposes.
5. The College of Southern Nevada may establish a deadline for the submission of a grant-in-aid request.
6. For qualified dependent children who have served on active duty in the United States Armed Forces, the age limitation set forth in subsection 4 shall be extended for the period of such active service, but not to exceed six years.
7. Except as otherwise provided, classified staff member dependents as defined in this section are restricted to no more than six credits in the fall and spring semesters. These six credit hours apply to a spouse or financially dependent child who may register for under this policy.
8. A Classified staff member spouse or financially dependent child enrolled in a course under a CSN grant-in-aid at the time the classified employee employment terminates shall be permitted to finish the course under the CSN grant-in-aid.
9. The College of Southern Nevada award of grant-in-aid to a classified employee spouse or financially dependent child must notify the employee and the Internal Revenue Service of the appropriate taxable benefit.

10. Widows or widowers and financially dependent children of deceased former classified staff member, or their spouses and financially dependent children may request a CSN grant-in-aid on the form prescribed by the CSN President. Such individuals are eligible for CSN grant-in- aid under the following conditions:

a. The Classified staff member shall have held a full-time position or have been granted leave at the time of death or such disability.

b. The spouse, widow, widower or disabled former classified staff member may receive a CSN grant-in-aid for no more than eight semesters.

11. Grant-in-aid requests on behalf of a spouse or financially dependent child do not require employee supervisor approval, but the College of Southern Nevada shall designate a central office to be responsible for reviewing and processing the requests. All requests for grant-in-aid by classified employee dependents must be made on a form prescribed by the President of the College of Southern Nevada. CSN may utilize an on-line grant-in-aid form if approved by the CSN President.