STANFORD PHYSICS GRADUATE FINANCIAL AID INFORMATION FORM
WINTER 2016/2017 - FIRST YEAR STUDENT

Name_________________________________________E-Mail_________________________________________@STANFORD.EDU

Stanford ID#______________________________________Phone (current number required)__________________________

U.S. Citizen: ☐YES ☐NO

Check one: ☐ON ROTATION ☐JOINED RESEARCH GROUP OF ADVISOR INDICATED BELOW

I will work in the following department/lab (indicate the dept/lab FUNDING your research assistantship):

☐PHYSICS ☐APPLIED PHYSICS ☐GINZTON ☐GLAM ☐HEPL ☐KIPAC ☐PULSE
☐SIMES ☐SLAC ☐SSRL ☐OTHER (SPECIFY DEPT/LAB)________________________

SECTION A - COMPLETE IF YOU RECEIVE FELLOWSHIP SUPPORT

FELLOWSHIP (CHECK ALL THAT APPLY)

☐DOE SCGF ☐HERTZ ☐NDSEG ☐NSF ☐SGF
☐OTHER (SPECIFY)______________

WILL YOUR RESEARCH ADVISOR PROVIDE A FELLOWSHIP SUPPLEMENT? ☐YES ☐NO

IF YES, PROVIDE PTA ☐YES ☐NO Fellowship supplement amount/special instructions

PROJECT-TASK-AWARD

PTA FOR FELLOWSHIP SUPPLEMENT
Must be verified as current and valid by advisor's admin associate

SECTION B - COMPLETE FOR VOUCHER OR RESEARCH ASSISTANTSHIP
(NON-FELLOWSHIP STUDENTS)

USING 50% RA VOUCHER? (MAY ONLY BE USED IN AUT, WIN, OR SPR QTRS.) ☐NO ADVISOR PTA REQUIRED

TEACHING ASSISTANTSHIP (TA) Indicate the anticipated TA appointment percentage.

☐25% ☐50%

RESEARCH ASSISTANTSHIP (RA) Indicate appointment percentage.

☐25% ☐50%

RA SALARY PER PAY PERIOD (office use only)

☐$_______ ☐$_______

RA TUITION ALLOWANCE PER QUARTER (office use only)

☐$_______ ☐$_______

PTA FOR RESEARCH ASSISTANTSHIP
Must be verified as current and valid by advisor's admin associate

PROJECT-TASK-AWARD

I have supplied all requested information and signatures and understand that exclusion of signatures and/or required information could result in inaccurate or interrupted payments. If I qualify for the health insurance subsidy, I understand that FAILURE TO SUBMIT FORM BY THE QUARTERLY DEADLINE MAY RESULT IN LOSS OF HEALTH INSURANCE SUBSIDY. I acknowledge that I am entering into or continuing an employee/employer relationship with Stanford University and understand that I will spend the above percentage(s) of time in support of the indicated project(s) and that I am required to register for the full number of units this assistantship provides.

Student's Signature_________________________________________ Date______________