The Family Assistance Grant is intended to help defray the costs of child care services and health insurance for graduate students with children while attending the Colorado School of Mines. This scholarship is funded by the Graduate Student Association (GSA) and the Colorado School of Mines.

To be eligible for this scholarship, you must:

1) be a full or part time graduate student at the Colorado School of Mines,
2) be in good academic standing as defined in the Graduate Bulletin,
3) have at least one child of preschool age (under 6 years of age) attending a licensed daycare service AND/OR
4) have a child or children and a spouse without medical insurance coverage available outside of the Student Health Benefits Plan (SHBP), and
5) have documented financial need.

In determining financial need several factors are considered. Among these are household income, educational expenses, other non-documentated sources of income and whether or not subsidized access to daycare services or health insurance through another program are available. Awards through this program are made annually on a competitive basis. Currently, the amount of the awards are for $125 per month for a 10 month duration spanning the school year (August through May), for a total of $1250, payable in two installments, one each semester. As awards are given in the form of a grant based on financial need, these may, depending on the awardee's individual circumstances, be tax exempt.

The applications are evaluated by the GSA Family Assistance Grant Advisory Committee. This committee is comprised of 5 members and is charged with evaluating and ranking applications based on the criteria defined above. The Advisory Committee makes its award recommendations to the GSA Executive Committee. The Executive Committee then makes the final decision regarding the awards. For the purposes of evaluating applications to the Family Assistance Grant program, the Dean of Graduate Studies is a voting ex officio member of both the Advisory and Executive Committees.

If you are denied an award and extenuating or other mitigating circumstances exist, you may appeal the award decision. Appeals are considered by the Executive Committee, they must be made in writing and they must be received by the Executive Committee no later than 5 business days after initial notification of the award. Examples of extenuating circumstances that would be considered include, but are not limited to: a sudden illness in the immediate family, large medical bills, or recent loss of a job.

Completed applications should be delivered to the Office of Graduate Studies no later than September 30, 2011 (deadline extended) Friday, October 14. Any questions regarding this application or the appeals process may be directed to gsa@mines.edu.
GSA Family Assistance Grant
Application Form
Fill out this form, and attach all necessary documentation as noted below.

Full Name ____________________________________________________________
Street Address _______________________________________________________
City __________________________ State __________ Zip ________________
Phone __________________________ Student ID # ________________________
Gross Adjusted Income (entire household, last year) ______________________
Do you (or does your spouse) pay your CSM tuition? Y N
If yes, please indicate the cost of your tuition last year ________________
Total number of children ________________
Ages of children (e.g.: 9 mo, 2 1/2 yrs) _________________________________
Is at least one of your children currently enrolled in a licensed day care? Y N
If yes, is s/he enrolled Fulltime or Part-time (please circle one)?
Do you/does your spouse have another employer who also provides a child care subsidy? Y N
If yes, amount of that subsidy (annually) ______________________________
Does any member of your immediate family (spouse and/or children) have access, through an employer or otherwise, to health insurance with a similar cost and similar coverage/benefits to the SHBP, except through you? Y N
Do you currently pay for the SHBP for your immediate family? Y N
If yes, amount you pay (annually) ________________________________

Please attach to this application form:
1) a copy of last year's tax return, indicating income
2) a copy of the child care contract, if your child is currently enrolled in day care
3) a copy of your student account indicating payment for the cost of the SHBP for your immediate family
4) a list of loans you are currently receiving
5) a brief statement indicating how you currently are meeting your tuition and living expenses

I assert that, to the best of my knowledge, this form has been completed truthfully:

Applicant Signature __________________________ Date __________
GSA Family Assistance Grant Advisory Committee

Function: The function of this committee is to evaluate applications for the GSA Family Assistance Grant and make recommendations to the GSA Executive Committee as to how awards should be made.

Membership: The committee shall consist of 5 members. Those members being two members of the Executive Committee of the Graduate Student Association (GSA), two members of the at large graduate student community and the Dean of Graduate Studies. In this role, the Dean of Graduate Studies shall act as an ex-officio voting member of the Committee and shall act as Chair of the Committee.

Method of Operation: The Advisory Committee shall have two regular meetings per academic year: one at the beginning of the Fall semester and one at the beginning of the Spring semester. Additional meetings may be called at the request of the GSA Executive Committee or at the request of the Advisory Committee chair. The Chair of the Committee shall be responsible for setting the times and locations of each meeting and shall provide Committee members with materials needed for the meeting prior to each meeting.

The purpose of the Fall meeting shall be the evaluation of applications received and the formulation of recommendations to the GSA Executive Committee. The purpose of the Spring meeting shall be to advise the GSA Executive Committee by providing 1) assessment of past award cycle, 2) evaluation of application procedures and materials and 3) recommendations for the establishment of next application guidelines and budget.

A quorum of the Advisory Committee shall consist of all members. A majority vote of members present at the meeting shall be required for any action taken at the meeting to constitute an official act of the Advisory Committee. Committee members must abstain from voting on issues for which they have a personal interest. All disputed procedural issues that arise regarding the conduct of the meetings of the Advisory Committee shall be resolved according to the most recent edition of Robert's Rules of Order.

Method of Appointment: The GSA Executive Committee shall solicit nominations from the voting members of the GSA (all departmental representatives) student representatives to the Advisory Committee consistent with the Committee composition defined above. This nomination shall occur at the first GSA meeting of the Fall semester. At large members may be any graduate student not a member of the GSA Executive Committee. In the event that nominations for more than 4 student members are made, a vote shall be held, and the nominees with the most votes, consistent with the required composition of the Advisory Committee, shall be elected to the Committee. Any graduate student attending the first meeting of the Fall semester of the GSA may participate in this election.

Terms of Appointment: The Advisory Committee shall serve for one academic year, as set forth for GSA officers in the GSA bylaws.