# Confidential Financial Statement

**UCSF Graduate Division / Childcare Grant**

PhD graduate students who have young, dependent children in childcare may be eligible for the childcare grant program provided by the Graduate Division. This program will provide funds to assist students with the cost of childcare for the academic year. The application deadline for the next academic year will be announced via email to PhD students and program administrators annually in June.
Grants are based on household resources and may be used to pay for a wide range of possible arrangements, from in-home care to licensed daycare centers. These grants are treated as additional stipend income by the IRS and may be subject to state and federal tax. This grant is not federally funded so international students are eligible to apply for and receive the grant. When completed, this form will be used to evaluate your financial situation in accordance with grant guidelines.

**Personal Information**

**Please attach copy of name page of passport*

Surname/Family Name _____ Given Name_____ Gender _____
(*as appears on passport)* (*as appears on passport)*

Date of Birth (mm/dd/yy)_____ Married or Single_____Student visa status (F-1/J-1)_____

Graduate Program _____ Program Start Date (mm/dd/yy) _____ Program End Date (mm/dd/yy) _____

U.S. Address _____

Telephone _____ E-mail Address_____

**Current Year Costs**

| | |
|---|---|
| Current year expenses for STUDENT (tuition, fees, living expenses) | $ |
| Expenses for DEPENDENTS (school, supplies, clothing, etc.) | $ + |
| **Annual Subtotal** | $ = |

**Current Financial Resources**

| | |
|---|---|
| Personal Savings* | $ |
| Parent's Funds* [print parent name(s) in space provided] _____ | $ |
| Other Sponsors' Funds* [print name(s) in space provided] _____ | $ |
| Student Loan** [print loan name in space provided}_____ | $ |
| UCSF Funds** | $ |
| **Total** | $ |

***Attach a bank statement.**
****Attach copy of UCSF award letter or student loan confirmation.**

| | |
|---|---|
| Total funds guaranteed for current academic year from sources listed above | $ |

**Applicant Signature**

I certify that the information furnished on this form is true and complete to the best of my knowledge.

_____ _____ _____
Applicant Signature Name Printed Date

➔ **Submit this form and any attachments VIA EMAIL to:** Ron James, Interim Director, Student Financial Aid
ron.james@ucsf.edu