



**The Division of Medical Sciences  
Childcare Scholarship Application Form  
Academic year 2015 - 2016**



*Applications are due October 30, 2015. Please complete all fields and submit all relevant paperwork by deadline. Checks will be mailed at the end of each semester.*

*We currently anticipate giving each family approximately \$2,000.00 - \$2,500.00 each semester.*

**Eligibility criteria (subject to change):**

- You must be a Division of Medical Sciences student.
- Be a registered student in good academic standing.
- Have a total household income of less than \$80,000.
- Have 1 or more children under the age of 16.
- Have children who must
  - Be your legal dependent verified by your tax return.
  - Live with you in the United States.

**What we require (subject to change):**

- Completed form.
- Prior years tax return for you and spouse/partner.
  - If your child is not listed on the tax return, please also submit a copy of their birth certificate.
- International students must provide copies of I-20's and visa's for both themselves & their child/children.

**Details (subject to change):**

- The scholarship will be distributed twice a year, half at the end of the fall semester and half at the end of the spring semester by check sent to your home address.
- The scholarship is per family, not per child.
- This scholarship is considered income and will need to be declared on your taxes. You will receive a 10-99 form from Harvard University.
- Students are eligible to receive the award for a maximum of five years.
- Those defending during the award year may not be eligible for the entire annual scholarship. Funding will be considered on a case by case basis.
- Those who will be having a child during the academic year are eligible to apply. Please list due date in date of birth field. Due date will determine eligibility for each semester's scholarship. A copy of the birth certificate, once available, will be required.
- Letters detailing scholarship award will be sent in November to your home address and a copy will also be sent to your advisor.

Submit application by fax, email or postal mail to:

Chelsea Noriega  
The Division of Medical Sciences  
260 Longwood Ave  
TMEC Bldg., Room 435  
Boston, MA 02169  
617-432-2644 fax  
Chelsea\_Noriega@hms.harvard.edu



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Name

HUID  Program & G year

Email address

Home address  Significant other name   
 Significant other Occupation

Adjusted gross household income from your 2014 tax return

Estimated adjusted gross household income for 2015

Have you applied for any other childcare aid from Harvard? What is the fund and award amount?

Please add any other information that would be helpful for us to know.

	Child's first and last name	Date of Birth
1		
2		
3		
4		

Complete & sign application     Attach first page only of federal tax return     Make a copy for your records

Please sign & date

Submit by fax, email or postal mail to:  
 Chelsea Noriega  
 The Division of Medical Sciences  
 260 Longwood Ave  
 TMEC Bldg., Room 435  
 Boston, MA 02169  
 617-432-3109  
 617-432-2644 fax  
 Chelsea\_Noriega@hms.harvard.edu