

CSSAC Dependent Grant Application
To be completed by applicant only

Name _____

Applicant
Signature _____ Date _____

PUID _____ (10 digits) E-mail _____

Home Address _____

NAME OF Parent/Legal Guardian Employed at Purdue West Lafayette:

_____ Mother/Stepmother _____ Father/Stepfather
_____ Legal Guardian _____ Retiree

Parent/Guardian's Department: _____ Phone _____

Incomplete applications will not be considered.

Application deadline: 5:00 p.m. April 16. If that date falls on a weekend, the deadline is 5:00 p.m. the following Monday.

Send completed applications to: Melissa Jasek, HR / 2550, Suite 1100