Instructions for Completing the Nonresident Alien Scholarship or Fellowship Voucher State and UBF

Part I: Background Information

According to Federal Regulations nonresident aliens who receive scholarships/fellowships must be taxed on any portion of the scholarship/fellowship that is not used to cover qualified expenses. Qualified expenses include tuition, comprehensive fees, student activity fees, and direct billed course and program fees. Required books, equipment, and supplies are qualified expenses for student-athletes, EMBA, PMBA and dental school students.

Note: If a payment is an award as defined by the Internal Revenue Service as "amounts received primarly in recognition of religious, charitable, scientific, educational, artistic, literary or civic achievement, or received as the result of entering a contest," then you should not use this form.

- > The non-qualified portion of the scholarship/fellowship must be taxed at 14% unless there is an applicable tax treaty exemption.
- Tax treaty eligibility will be determined when the Scholarship Voucher and Request for Information are received by the respective payroll office, then the student will be contacted
- If you are receiving a scholarship that is covering non-qualified expenses and you are eligible for a tax treaty exemption, you must have a Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) to take advantage of the tax treaty. If you are not eligible for a SSN, call the IRS at 1-844-545-5640 to make an appointment to apply for an ITIN.

Part II: Procedure

- A. These forms must be used for all nonresident alien scholarship/fellowship recipients that are receiving their scholarship/ fellowship through the State or UB Foundation
- B. The Voucher and Request for Information must be completed for the scholarship/fellowship to be processed
- C. All scholarship requests will be sent directly to the Office of Financial Aid The qualified portion of the scholarship will be applied to the student's account The non-qualified portion of the scholarship will be sent to the State payroll or UB Foundation payroll to be taxed. UB Foundation requests will be directed back to the Office of Student Accounts to be applied to the student's account. State requests will be issued by check and mailed directly to the student's home address.

Part III: Completing the Scholarship/Fellowship Voucher and Request for Information

- A. The student should complete Part I and Part II only on the Voucher. The department will complete the other parts. Your signature in Part II, must be hand or electronically signed.
- B. The student should complete all of the "Request for Information for Scholarship/Fellowship Recipient" Your signature must be hand or electronically signed.
- C. Give your department a copy of your I-94 and I-20 or DS-2019
- D. Send to your department so that they can complete their parts of the Voucher

If request is for State funded fellowships (Dean's, Presidential etc) send completed forms to: Carlos Gallardo Human Resources Townsend Hall, South Campus

If request is for UBF funded Scholarships/Fellowships or State funded scholarships, send completed forms to: Office of Financial Aid 1 Capen North Campus

NRA SCHOLARSHIP/FELLOWSHIP VOUCHER STATE AND UBF FUNDED

UB Person #

Student should complete PART 1 and PART II only. The department will complete the other sections.

PART 1

Student Name:

Local Street Address:

City, State, Zipcode:

Social Security Number/ITIN (if applicable)

Date of Birth

PART II

Student Certification I certify that the information provided is true and accurate, and that I am subject to penalty of perjury if false.

Student Signature	Date		
PART III			
Department	Prepared By:		
Campus Address and Phone			
Email Address			
PART IV			
Amount of Scholarship Awarded -List each schol	arship separately		
Name of Scholarship Fellowship Am	ount Semester/YR	Account No.	Funding Source

Total Funded by State	Total Funded by UBF		
PART V			
Departmental Authorization I certify that the payment requested above is true and accurate	and that the charges are authorized ag	ainst the account shown.	
Authorized Signature	Date		
FOR OFFICE USE ONLY Total Qualified Scholarship/Fellowship (Tuition and Fees)	State	UBF	
Total Nonqualified Scholarship/Fellowship			
Date Completed			

Forwarded To:

Request for Information for Scholarship/Fellowship Recipient

THIS FORM MUST BE COMPLETED BY THE STUDENT

To ensure correct determination * I-94 Form "Arrival and Depar * I-20 or DS-2019		plicable questions below must be	be answered and a copy of the following forms must be attache	d:	
Last (Family) Name	First Name				
US Social Security Number/ITIN	N				
If you do not have a Social Secur the IRS at 1-844-545-5640 to app	• • •	pply for an Individual Taxpayer	r Identification Number. Please make an appointment with		
UB Person Number (8 digit num	iber from your UB Card)				
Are you a lawful permanent resid	dent of the U.S. (hold an A	lien Registration Receipt Form	n I-551)? YES NO		
*If 'YES' do not finish completing	g this form. Your scholars	ship payment should not be mad	ide using the attached voucher.		
Email Address					
US Address		Foreign Residen	nce Address (where you were living before coming to the US)	
Street		Line 1			
City/State		Line 2			
Zipcode		Line 3			
		City			
		Providence/Regio	ion		
		Postal Code	Country		
Country of Citizenship					
Country that issued your passpor	rt	Passport #			
Current Visa Type	If J-1 o	If J-1 or J-2, what is the subtype as indicated on the DS-2019			
Date you first entered the US					
	Please list all visits to th	e US in any visa status (i.e. B1/E	B2, F1, F2, J1, J2, H1B, O1, TN)		
Date of Entry	Date of Exit	Visa Type	Purpose of visit		

Student Certification

I certify that the information provided above is true and that I am subject to penalties for perjury if false.