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 uploaded to the secure UB Box for the Office of Financial Aid. (link in instructions below)

 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, please upload the voucher, along with copies of the I-20 and I-94, via this secure box: https://buffalo.app.box.com/f/8c7e0a4e8c834fb6a497a7888cb1d51d

NRA SCHOLARSHIP/FELLOWSHIP VOUCHER STATE AND UBF FUNDED

Student should complete PART 1	and PART II or	nly. The departmen	nt will complete th	e other sections.
PART 1				
Student Name:				
Local Street Address:				
City, State, Zipcode:				
Social Security Number/ITIN (if applica	ble)			
Date of Birth		UB Person #		
PART II				
Student Certification I certify that the information provided is	strue and accurate,	and that I am subject t	o penalty of perjury i	false.
Student Signature		Date		
PART III				
Department		Prepared By:		
Campus Address and Phone				
Email Address				
PART IV				
Amount of Scholarship Awarded -List e	ach scholarship sep	parately		
Name of Scholarship Fellowship	Amount	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	d that the charges are auth	norized against the acco	unt shown.
Authorized Signature		Date		
FOR OFFICE USE ONLY Total Qualified Scholarship/Fellowship (Tui	tion 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		licable questions below must be a	answered and a copy of the following forms must be attached:		
Last (Family) Name		Firs	st Name		
US Social Security Number/ITIN	1				
If you do not have a Social Secur the IRS at 1-844-545-5640 to app		pply for an Individual Taxpayer Io	dentification Number. Please make an appointment with		
UB Person Number (8 digit num	ber from your UB Card)				
Are you a lawful permanent resid	dent of the U.S. (hold an A	lien Registration Receipt Form I-	551)? YES NO		
*If 'YES' do not finish completing	g this form. Your scholars	hip payment should not be made	using the attached voucher.		
Email Address					
US Address	ress Foreign Residence Address (where you were living before coming t				
Street		Line 1			
City/State		Line 2	Line 2		
Zipcode		Line 3			
		City			
		Providence/Region	r		
		Postal Code	Country		
Country of Citizenship					
Country that issued your passpor	rt	Passpor	rt#		
Current Visa Type	If J-1 or	r J-2, what is the subtype as indicate	ated on the DS-2019		
Date you first entered the US					
	Please list all visits to the	e US in any visa status (i.e. B1/B2,	, F1, F2, J1, J2, H1B, O1, TN)		
Date of Entry	Date of Exit	Visa Type	Purpose of visit		
Student Certification certify that the information provi	ided above is true and that	I am subject to penalties for perjo	ury if false.		

Signature Date