The Beneficiary Aid Program provides additional financial assistance to students who are faced with emergency term-time costs that will prove to be an extreme financial hardship for their families. Students receiving Harvard Scholarship assistance who incur unforeseeable, non-recurring expenses may apply for Beneficiary Aid to help cover a portion of those costs.

**Medical:** Eligible costs include emergency medical attention, required procedures, necessary vaccinations and immunizations, and non-maintenance prescription medication. Further documentation such as a doctor’s note outlining the medical necessity of the treatment/medication may be requested. Long-term maintenance medication and non-medically necessary treatments are not eligible. For all pharmacy charges (including HUHS), an itemized receipt is required.

**Dental:** Routine dental procedures such as teeth cleanings and fluoride treatments are not eligible for this program. A doctor’s note may be needed to verify the medical necessity of the treatment received. Please note that HUHS offers a discounted preventative care package for Harvard College students ([http://huhs.harvard.edu/OurServices/Dental.aspx](http://huhs.harvard.edu/OurServices/Dental.aspx)). For questions or concerns regarding impending dental costs and their eligibility for this program, please make an appointment with a financial aid officer.

**Optical** (eye exam, prescription glasses, contact lenses): Emergency optical expenses (broken glasses, lost contact lenses) are eligible for Beneficiary Aid funding. Non-emergency optical needs are eligible only if the student did not need corrective lenses before matriculating at the College. The maximum allowance for optical expenses is $300, which is the average cost of an eye exam and one pair of prescription glasses. Optical costs can be submitted for Beneficiary Aid only once during the student’s entire duration at the College. Optical needs must be filled at HUHS, unless the student can provide documentation confirming that the chosen alternative to HUHS was a more economical option.

**Tutoring:** Students incurring peer tutoring charges or reading course charges through the Bureau of Study Counsel are automatically considered for Beneficiary Aid at the end of each semester. Those eligible for assistance will receive Beneficiary Aid credits to their term bill accounts prior to registration and graduation payment deadlines. For those students requesting coverage for Aleks online tutoring, please submit the attached application and your receipt.

For help with recurring or routine costs or to discuss the personal expenses component of the budget, contact your financial aid officer. Itemized receipts must accompany all applications (except for peer tutoring and reading course charges at the Bureau of Study Counsel). For term-billed charges, please do not fill out this form until the expense(s) has appeared on the bill. **Applications must be received before the end of the academic year in which the expense(s) is incurred. The application deadline for 2016-2017 is Friday, June 2, 2017.**
Beneficiary Aid Application
2016-2017

Deadline: June 2nd, 2017

Name: ____________________________  Class of: ______________

HUID: ____________________________

Email: ____________________________@college.harvard.edu

Amount Requested: $_____________

Term:  ☐ Fall 2016  ☐ Spring 2017

Have you applied for Beneficiary Aid before?  ☐ Yes  ☐ No

If yes, please specify the semester (i.e. Fall 2016): ________________________________

Purpose for Beneficiary Aid Request (Check all that apply):

☐ Medical   ☐ Other

☐ Dental

Detail of the expense(s):

☐ I certify that I have not received funds from this office or any other source to cover the above-
   mentioned expenses.

☐ I also certify that, to the best of my knowledge, the information above is correct and complete.

☐ I understand that falsification of any of the above information could jeopardize my financial aid
   eligibility.

☐ I understand that I will need to provide receipts for any procedures covered by Beneficiary Aid.

Signature: ____________________________ Date: ____________________________

______________________________________________________________________________

For Office Use Only:  Amount Approved __________________

Approved by __________________

Date ____________________________