Employment vs. Scholarship/Fellowship Questionnaire

This questionnaire is not required for graduate teaching or research assistants.

The purpose of this questionnaire is to determine when payments made to students/non-students represent compensation for services. Section A and D should be completed by the administering department for each program/project. If the program/project requirements change, a new questionnaire will be needed.

Section A. Questionnaire

Possible documentation needed to complete the following questions:
- Contract or agreement
- Location of activity
- Beneficiary of activity
- Program description

1. Is the recipient required by written agreement to accept employment with the University or the grant funding agency after the stipend or scholarship/fellowship has ended? This includes a written requirement to pay back amounts received if the recipient does not accept employment.
   - Yes [Payment is compensation. See section C.]
   - No [Continue]

2. Is the recipient participating in activities on UA’s or the grant funding agency’s premise?
   - Yes [Continue]
   - No [Skip to Question 4]

3. If the recipient was not doing the activity, would an employee be hired to do it?
   - Yes [Payment is compensation. See Section C.]
   - No [Continue]

4. Do the activities of the recipient provide a benefit to UA or the grant funding agency that is significant or more than incidental to the primary purpose? (Check all that apply.)
   - If working on a grant, the recipient has a required deliverable to the grant funding agency, e.g., research report.
   - The recipient is participating in an activity that generates revenue (other than grant funding) for UA or the grant funding agency, e.g., sporting event ticket sales generate revenue.

If you checked any of the above boxes, continue to Question 5. Otherwise, skip to Question 7.

Department | Dept Contact | Dept Phone
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Program/Project | Recipient Name (optional)

UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: www.alaska.edu/titleIXcompliance/nondiscrimination

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5. Is the activity directly connected to UA’s academic or related extracurricular student program, e.g., sports program, performing arts, teaching a class, lab assistant, research for a UA project funded by a grant, clinical internship?

☐ Yes  [Continue]
☐ No    [Payment is compensation. Go to Section C.]

6. Is the payment of the stipend or scholarship/fellowship contingent upon the recipient completing the practicum, field experience, research, training, or other activities?

☐ Yes  [Continue]
☐ No    [Payment is a scholarship/fellowship. Go to Section B.]

7. Is the only requirement for payment of the stipend or scholarship/fellowship that the recipient be enrolled per program requirements and make satisfactory progress?

☐ Yes  [Continue]
☐ No    [Payment is compensation. Go to Section C.]

**Section B. Scholarship/Fellowship**

Payment to the recipient is a Scholarship/Fellowship. Contact one of the following departments for questions on payment process:

- UAA- Office of Student Financial Assistance (financial.aid@uaa.alaska.edu)
  For more information see www.uaa.alaska.edu/scholarships/dept_faq.cfm
- UAF- Brittany Hoch (bdhoch@alaska.edu or 907-474-6119)
- UAS- Corine Soltis (casoltis@uas.alaska.edu or 907-796-6255)

If it should be later determined by a taxing authority that the payment should have been classified as compensation, the originating UA department may be financially responsible for any tax assessments, which could amount to 30% or more of the payment amount.

**Section C. Employment Compensation**

Payment to recipient is Compensation. The recipient is considered an employee and payments must be made through Payroll.

**Section D. Department Certification**

Departments must retain this questionnaire and any additional documents used in the determination at the administering department for the length of the program plus three additional calendar years in order to respond to audit requests.

I certify that the above is true and correct according to the best of my knowledge.

Dept. Signature ____________________________________________              Date________________
Print Name  __________________________________             Title ___________________________