

# Fellowship Questionnaire

---

**NOTE:** This questionnaire is used to assist University Tax Services in making the IRS determination for a fellowship or an employee relationship . Please complete and submit with appropriate eDoc for review. For questions, please contact [taxpayer@indiana.edu](mailto:taxpayer@indiana.edu).

---

**General Information:**

Name:  IU ID:  Dept:   
Dept. Contact #:  Document #:

---

**Please answer fully with detail if applicable:**

1. Is the funding from the National Health Service Corps Scholarship Program? (NHSCS, T-32, F-32 training grant) or the Armed Forces Health Professionals Scholarship and Financial Assistance Program? Is funding for the La Caixa program? Please describe funding source here:

2. Describe the ownership relationship of the research – does IU have rights to publish findings? Does IU choose the research or have control over the work? Please describe who will be responsible for research ownership decisions and who will be involved here:

3. Is there a service requirement that exists between the individual and IU? – services could include past, current or future services for teaching or research – if so, please describe:

4. Has the individual completed all requirements for a doctoral degree? Is individual currently enrolled in courses at IU? If so, please describe: