

## Tuition Remission Application for Dependent/Spouse of Faculty/Staff Undergraduate Degree

## Please read before completing this application:

Tusculum University requires that individuals making application for this program meet all current admission requirements of the University program and to file a Free Application for Federal Student Aid (FAFSA). In order to be eligible for the tuition remission program, all dependents must qualify as an IRS dependent. An employee must complete one year of consecutive, full-time employment prior to being eligible to apply for this Tuition Remission.

If you, the applicant, are enrolled in or will enroll in a degree-seeking program at Tusculum University, you are required to submit any documents required by the Office of Financial Aid and Student Campus Employment (copies of federal tax return transcripts may be necessary). Tuition Remission will be limited to tuition for a single program of study or a single class. If you are eligible for federal grants, state grants or scholarships, these amounts will be used to reduce the amount of your Tuition Remission. Only the Bachelor's Degree program is available to spouses and/or dependents. Once you have completed this application, please submit to Tusculum University Human Resources, PO Box 5093, Greeneville, TN 37743 by January

<u>15<sup>th</sup>.</u>	Award Year			
Applicant's Name	Applicant's DOB		Student ID	
Phone Number	Address			Apt. #
City, State & Zip				
Employee's Name	Re	lationship to Applica	ant: DEPENDENT	SPOUSE:
Please indicate the Degree program in which	h you are enrolled			
Dual Enrollment:	Residential		_ Online	ļ
Single Class:	Residential	GPS	_ Online	l
Associates Degree (General Studies):	Residential	GPS	_ Online	l
Undergraduate Level (Bachelors):	Residential	GPS	_ Online	
Business Administration (BSBA)  Management (BSM)  Talent Development (BATD)	Information T		Interdisciplinary S Psychology-Behav	vioral Health Concentration
By signing this form, I understand that the tuition remission is awarded based on employee eligibility and length of service with the University, as well as budget and funding considerations. I understand that the employee must complete one year of consecutive, full-time employment prior to being eligible to apply for this scholarship.  I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I agree that any misrepresentation, falsification or omission of facts thereon, regardless of when discovered, shall justify in no longer being eligible for the Tuition Remission Program. My signature constitutes my agreement thereto in return for consideration of my application.  Applicant's Signature Date				
Applicant s Signature			Date	
Employee's Signature			Date	
Human	Resources (	Office Authorize	ation Area	
Employee Employment Date:		Eligibility Date:		
Employee meets eligibility requirements: Ye	ès: No:	Comments:		
Authorized Signature:		Date:		

(Human Resources Office - Please send to Financial Aid, PO Box 5049)