

TUSCULUM COLLEGE

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

Please read before completing this application:

Tusculum College requires that individuals making application for this program meet all current admission requirements of the College 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 College, 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 College Human Resources, PO Box 5093, Greeneville, TN 37743 by January 15th.**

Award Year _____ Degree Program _____ Hours Completed _____

Applicant's Name _____ Applicant's Age _____ Student ID _____

Phone Number _____ Address _____ Apt. # _____

City, State & Zip _____

Employee's Name _____ Relationship to Applicant: DEPENDENT _____ SPOUSE: _____

Undergraduate Level Only: Please indicate the program in which you are enrolled:

Residential _____ GPS Gateway _____ GPS Bachelor's Degree _____ Single Class: _____

By signing this form, I understand that the tuition remission is awarded based on employee eligibility and length of service with the college, 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 _____

Employee's Signature _____ Date _____

Human Resources Office Authorization Area

Employee Employment Date: _____ Eligibility Date: _____

Employee meets eligibility requirements: Yes: _____ No: _____ Comments: _____

Authorized Signature: _____ Date: _____

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

Financial Aid Office Authorization Area

Applicant meets all current admission requirements: Yes: _____ No: _____ Comments: _____

Federal Student Aid Application (FASFA) Required: Yes _____ No: _____ FASFA Completed: Yes _____ No: _____

Program Approved: Yes: _____ No: _____ Reason Denied: _____

Authorized Signature: _____ Date: _____