



## Tuition Grant Program Application

### Employee Information

Name:	Date of Hire:
ID:	Department/Position:
Address:	
<p>Have you been employed by the College less than five years, but were eligible for a dependent child tuition program with your previous employer at the time you accepted employment with Swarthmore College? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please list previous employer and provide official documentation from your prior employer of your eligibility :</p> <hr/>	
<p>Have you previously received a Tuition Grant from Swarthmore College? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate the academic years and number of semesters:</p>	

### Dependent Information

**Your dependent is your legal tax dependent child or stepchild who is a full-time undergraduate student at an accredited college, university, junior college or post-secondary accredited technical school.**

Name:	Student ID#
Address:	Date of Birth:
	Relationship to Employee:

### Academic Information

Name of Institution Attending:	Telephone #:
Address:	Please check the appropriate box: <input type="checkbox"/> College/University <input type="checkbox"/> Junior/Community College <input type="checkbox"/> Technical School

*You must attach a copy of the academic institution's invoice to complete this application for a Tuition Grant from Swarthmore College. Funds provided from the Tuition Grant Program may only be used toward the cost of tuition and fees (not room, board or books) for undergraduate studies and are sent directly to the institution. Additional information may be requested for grant determination.*

### *Human Resources Use Only*

This employee is: <input type="checkbox"/> full time <input type="checkbox"/> part time	This employee has 5 or more years of continuous*service: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Fund: 12000*	Org: _____ Account: _____
_____:	The dependent qualifies for the following Tuition Grant Amount: \$ _____
Approved by: _____	Date: _____
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Approved by: _____	Date: _____
_____:	The dependent qualifies for the following Tuition Grant Amount: \$ _____
Approved by: _____	Date: _____

*\*Credit toward continuous service will be granted if rehired employee has less than one year break in service*

*You should consult a tax advisor regarding any tax consequences of tuition grants, which may be may be treated as taxable income if the aggregate amount of scholarships or fellowships awarded to the recipient exceeds tuition and fees, books, supplies and equipment (not including room and board) required for enrollment or attendance at the educational institution.*