

# SKIDMORE COLLEGE EXTERNAL TUITION GRANT APPLICATION FOR DEPENDENT CHILDREN

Name of Employee	Department	Date of Employment	
+ R P H Street Address	City	State	Zip

SNLGP RUH ( PSOR \HH , ' 1 XPEHU RQ \RXU , ' FDUG

The College provides 75% of tuition, up to \$1,950 per year or up to \$975 per semester, for up to 8 semesters of undergraduate studies for legally dependent children when attending an accredited college other than Skidmore. The term "legally dependent" children are those who qualify as dependents under the IRS code and children named to receive support for education in either a separation agreement or divorce decree issued by a competent court.

Employee Eligibility: Following three (3) years of continuous employment, full-time union faculty, exempt and non-exempt staff who are appointed to a 9, 10, 11 or 12 month position, and part-time union exempt and non-exempt staff who work at least 1,365 hours per year in a 12 month position, are eligible for this benefit if the dependent child is not participating in the Tuition Exchange Program.

Instructions: This form is to be completed by the eligible employee. Please attach a copy of the itemized tuition bill, showing name of school, student name and the semester/year attending, then forward to Human Resources with this form.

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

/ D V G L J L Social Security Number B B B B B B B B \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Check all that apply: (separate forms should be completed for each term)

- |        |                                 |                                    |                                  |
|--------|---------------------------------|------------------------------------|----------------------------------|
| Term : | <input type="checkbox"/> Fall   | <input type="checkbox"/> Freshman  | <input type="checkbox"/> Special |
|        | <input type="checkbox"/> Spring | <input type="checkbox"/> Sophomore |                                  |
|        | <input type="checkbox"/> Summer | <input type="checkbox"/> Junior    |                                  |
|        | Academic Year 20 _____          | <input type="checkbox"/> Senior    |                                  |

Name of school: \_\_\_\_\_

6 F K Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Checks will be made payable to the employee  
 (Check One)  mail to home address  mail to campus address  will pick up

In signing this application for a tuition grant, I am requesting assistance for my dependent child and I certify that he/she is a legal dependent for the tax year covered by the above school term under the IRS guidelines stated above.

( PSOR \HH ¶ V 6LJQDWXUH \_\_\_\_\_ Date: \_\_\_\_\_

+ XPDQ 5HVRXUFHV ¶ \$XWKRULJDWLRQ \_\_\_\_\_ Date: \_\_\_\_\_