

## Tuition Benefit Application Form

This form is to determine eligibility <u>ONLY</u>. Completing this application does not satisfy enrollment or financial aid requirements. Tuition benefit applies to tuition only. Please read the full benefit explanation in the Employee Handbook at <u>www.Benedictine.edu</u>.

## When completing the form, please note the following:

- Per the BC employee handbook, all undergraduate students must complete the FAFSA before receiving the tuition benefit.
- Once fully processed, awards will be posted to your student account at the beginning of the semester.
- Tuition benefit does not cover any additional fees or other course related expenses.
- Outstanding charges will be subject to late fees. It is your responsibility to review your balance and any communications sent to your student email account.
- Return the completed form to the Human Resources Department.
- Completed forms must be received no later than:

Fall Semester: April 1st

**Summer Session:** May 1<sup>st</sup>

**Spring Semester:** November 1st

## **Tuition Benefit Application Form Part 1: Student Applicant Information**

Name of Student Applicant		Date of Birth	<u> </u>	Home Telephone	
Address				BC Student ID Number	
City	State	Zip Code	<u></u>		
Name of eligible employee working at BC Rel			onship to student	Employee Departme	nt
Part 2: Type of Tuition Benefit (form required each semester)				Year	Semester
FAFSA Require		<u>,                                     </u>	,		
	nange* - Contact Fir	nancial Aid for In	structions		
	ate Tuition Benefits	D C (A 1			
	ndergraduate Tuition thorizing cabinet me		rizing signature requir	ed below)	<del></del>
•	•	•	•	 Exchange Programs will pay	/ an annual participation
				n the Business Office in Aug	
FAFSA Not Req	auired				
Participating Advance College Credit High Schools					
Graduate Tuition (Authorizing cabinet member signature required below)					
Graduate Assistant (Authorizing cabinet member signature required below)					
Part 3: Studen Is this your first s	t Questions emester with BC?	□Yes □No If	this is your first semes	ster, have you been admitt	ed? □Yes □No
What is your enro	ollment status? □Fı	ıll-time □Part-ti	ime Anticipated gra	duation date:	
Are you a membe		•	nt St. Scholastica Mona by Abbey/Mount □N	•	
Part 4: Author Supervisors, need on normal work hours	only complete this sec	tion if the applican	nt is a Benedictine emplo	oyee who will be taking clas	ses during his/her
Signature of Student Ap	pplicant	Date	Signature of Eligi	ble Employee (if not person name	d as applicant) Date
Signature of Employee	Supervisor	Date			
A 41. • 41	1 411 75 7	OPP - 1 P	P. C	11.434 1 6 0	
		Official for re	ligious award or C	abinet Member for G	raduate, Graduate
Assistant, or F	OCUS award				
Name of Abbey / Mona	astery Certifying Official / C	Cabinet Member	Signature of Abbey / Mo	nastery Certifying Official / Cabin	et Member Date
		Eligibility Con	nfirmed by Human Re	sources	
Signature of Human Re	esource Director			Date Signed	
Cabinet level approval	required? <b>Yes</b>	No		-	