

# BRYN MAWR COLLEGE TUITION GRANT PROGRAM APPLICATION

Expected Enrollment \_\_\_\_\_ Actual Enrollment \_\_\_\_\_

## Employee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Department & Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ ID #: \_\_\_\_\_

## Dependent Information

Eligible Children shall be the dependent natural daughters or sons, dependent legally adopted sons or daughters, or legally dependent stepchildren of persons employed by Bryn Mawr College. The child must be declared as a dependent on the employee's Form 1040 during the period for which the Tuition Grant is awarded, or the employee must be able to demonstrate that he or she provides at least 50% of the child's support. Children who are 25 or more years of age at the end of the calendar year (December 31) will not be eligible for this program in the following calendar year (beginning January 1).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship To Employee: \_\_\_\_\_

Has this child previously received a Tuition Grant from Bryn Mawr College?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the academic years and number of semesters: \_\_\_\_\_

## Academic Information

Name of Institution Attending:

(If still waiting for acceptance, please list all schools they are considering. Use the bottom or back of this page if you need additional space.)

\_\_\_\_\_

OVER

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Please check the appropriate box:

College/University: \_\_\_\_\_ Junior College: \_\_\_\_\_ Technical School: \_\_\_\_\_

***I have read and understand the latest version of the Tuition Grant Program (dated April 1, 2019), which is included with this application, and I agree to comply with the terms of the policy.***

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

**Human Resources Use Only**

This employee is: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

The employee has 7 or more years of continuous service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Aggregate FTE over last 7 years: Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_ Year 4 \_\_\_\_\_

The dependent qualifies for the following Tuition Grant Amount:

Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_ Year 3 \$ \_\_\_\_\_ Year 4 \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_