

**MONMOUTH COLLEGE**  
**TUITION REMISSION FOR SPOUSES & DEPENDENT CHILDREN**  
**Application 2011-2012**



**IMPORTANT:** *If you have not already received a current Benefit Description for this program, please obtain one from the Personnel Office and review it carefully before proceeding with this application. Provisions contained in the Benefit Description supersede any statements contained in this application.*

STUDENT NAME \_\_\_\_\_

DEPENDENT CHILD\*

SPOUSE/SAME-SEX  
DOMESTIC PARTNER

\*DATE OF BIRTH: \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ POSITION \_\_\_\_\_

BENEFIT PERIOD: 2011 Fall Semester, No. of Semester Hours \_\_\_\_\_  
2012 Spring Semester, No. of Semester Hours \_\_\_\_\_

*YES, A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) HAS BEEN FILED. IF NOT, please see the Financial Aid Office immediately.*

I understand that to receive tuition remission, I am to complete a Financial Aid Form as described above; that the tuition remission will apply to the difference between tuition costs and any grant awards received from agencies outside the College; and I agree to inform the College if any other awards from outside sources are granted to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Student Applicant

I hereby affirm that the student for which tuition remission is applied is presently and to the best of my knowledge will continue to qualify through the academic year as a spouse, same-sex domestic partner or dependent child as defined in the benefit description for this program. I understand and agree that if, at any time during the year, the student ceases being a dependent child, spouse or same-sex domestic partner, it is my responsibility to notify Monmouth College immediately and that all tuition remission benefits will terminate at the end of the academic session during which eligibility ceases. I understand and agree that should the student cease to be a dependent and I fail to notify the Monmouth College promptly, the amount of any unauthorized tuition remission will become due and payable to Monmouth College. I understand that this benefit may represent taxable income to me in accordance with Federal or State regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Continued - See reverse side.)

**ROUTE TO:**

**#1). ADMISSION OFFICE:** (First time applicants only)

\_\_\_\_\_ (student applicant) has been granted admission to Monmouth College.

SIGNED: \_\_\_\_\_  
Dean of Admission

DATE: \_\_\_\_\_

**#2). FINANCIAL SERVICES OFFICE:**

\_\_\_\_\_ (student applicant) \_\_\_\_\_ has completed a Financial Aid Form, or \_\_\_\_\_ is exempted from requirement to complete a Financial Aid Form. Tuition remission should be decreased by \$\_\_\_\_\_ representing the amount of applicable outside awards.

SIGNED: \_\_\_\_\_  
Director of Financial Aid

DATE: \_\_\_\_\_

**#3). PERSONNEL OFFICE:**

\_\_\_\_\_ (student applicant) a dependent child/spouse/same-sex domestic partner of \_\_\_\_\_ (sponsoring employee) is eligible for tuition remission in the amount of \$\_\_\_\_\_.

SIGNED: \_\_\_\_\_  
Director of Personnel

DATE: \_\_\_\_\_

Distribution: Personnel Office (original)  
Financial Services (copy)  
Business Office (copy)  
Applicant (copy)