

VASSAR COLLEGE

Office of Human Resources Application for Tuition Grant

Tuition grants are available for dependent children of eligible faculty members and administrators for a maximum of four years of undergraduate study (8 semesters, 12 trimesters, etc.). Grants will equal one-half of Vassar's tuition but not more than the amount of the other institution's tuition.

***A new application must be submitted each semester at least two weeks before payment is required. Your application must be accompanied by a copy of an itemized bill which indicates the tuition charge. Any taxes owed on the tuition grants are the responsibility of the employee.**

Employee Name _____
(Please Print: Last, First)

Employee ID#: _____ SS# (Last 4 Digits) _____

College Box # _____ (Check one) Faculty _____ Admin _____

Name of Child: _____

Child's Date of Birth: _____ Expected Graduation Month & Year: _____

Child's SS# (last 4 Digits) _____

On which cycle does this school operate? _____ Semester _____ Trimester _____ Quarter

Term applying for: ___ Fall ___ Winter ___ Spring ___ Summer

Year: _____

Tuition fee for this term: \$ _____ *Date Payment is Due: _____

Name and address of institution to which payment should be made:

This will be the (1st, 2nd, 3rd, etc.) _____ term for which I have received a tuition grant for my dependent child.

NOTE: Employees who leave the college before the end of a semester for which they, or their dependents, are receiving benefits must reimburse the college on a pro-rate basis for the benefits received for that semester.

I stipulate that the child for whom I am claiming this benefit is my legal dependent child as described by the IRS regulations. I certify that the above information provided by me is true and accurate.

Employee Signature

Date

Employee Email Address: _____