

TUITION SCHOLARSHIP APPLICATION

** This form MUST be completed ON OR BEFORE every enrollment date**

(1) TO BE COMPLETED BY EMPLOYEE

Name _____ Department/Position _____

Date of Hire _____ ID# _____

I hereby apply for a tuition scholarship for: Myself My Spouse Child

I certify that I or my spouse or legal dependent meet the eligibility requirements for the tuition scholarship benefit. I understand that benefits for my child are TAXABLE if the child is not my dependent. Dependents are defined as children receiving more than half of their support from you and who are declared as dependents for your federal income tax purposes. PLEASE PROVIDE A COPY OF YOUR FEDERAL INCOME TAX RETURN as evidence of dependency.

Employee's Signature _____ Date _____

(2) TO BE COMPLETED BY STUDENT

Name _____ ID# _____

Enrollment Dates Covered by Scholarship: From _____ to _____
month/year month/year

I certify that I meet the eligibility requirements for tuition scholarship and have registered for the program or courses indicated. I understand that I am responsible for all fees and charges on my student bill, other than tuition (tuition scholarships are disbursed after the ADD/DROP period has ended).

Student's Signature _____ Date _____

PROGRAM: Regular Continuing Ed. Online Graduate Program _____

Summer School 1st 2nd 3rd Vermont College continuation _____
(Please submit for each session) *specify program specify program*

COURSES: (necessary for Continuing Ed., Summer School, Part-time Students)

COURSE #	COURSE TITLE	DEPARTMENT	CREDITS
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(3) EMPLOYEES ONLY: Supervisor's approval required because of potential impact on job responsibilities.

Supervisor's Signature _____ Date _____

ALL FOUR COPIES SHOULD BE RETURNED TO THE HUMAN RESOURCES OFFICE

FOR INTERNAL USE ONLY:

Comments: _____

Application is: Approved Disapproved _____ Director of Human Resources Date

Tuition Charge _____ Date _____ Sent by _____ Authorized Disbursement _____