



**Tuition Reduction Form**  
2023-2024 Academic Year (August-July)

**I.**  
Employee Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Employee Department/Division: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Status (please check one): \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time  
Employee full-time service at Other Institution of Higher Education? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ (Years/Months)

**II.**  
Student Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Student's Relationship to Employee: \_\_\_\_\_  
Student's Home Address: \_\_\_\_\_

**III.**  
Answer 1-6 if person in Section II is **NOT** *employee/spouse*. Employee Grant eligibility is based on student meeting all tests (IRS Uniform Definition) of "Qualifying Child," IRS Tax Code, e.g. <http://www.irs.gov/pub/irs-pdf/p17.pdf>; Table 3-1 (pp 26-32).

- 1. Was student claimed as a dependent on your most recent tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. a. Student's date of birth. \_\_\_\_\_  
b. Is student a full-time student at least five months per year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Is student employee's child, stepchild, foster child, sibling/stepsibling, or descendant of one of these? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. a. Does student reside with employee more than half of the tax year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
b. Are student's parents divorced or separated? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. a. Did student provide more than half of own support last year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
b. Will student provide more than half of own support this year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6. a. AJCU: Did student attend Jesuit University or College via FACHEX program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
b. Name of FACHEX institution. \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and belief. Upon request, I will provide Qualifying Child documentation.  
**I understand SHC cannot guarantee there will not be tax consequences to employee.**

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**I understand SHC cannot guarantee there will not be tax consequences to employee.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Please return completed form to Lisa Robinson for approval.**  
Spring Hill College | Human Resources Department