_____
Vice President

SPRING HILL
COLLEGE
Tuition Reduction Form

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)
Semester to Apply Benefit:_____

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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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.**

_____ _____   _____ _____
Student's Signature   Date   Employee's Signature   Date

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

For Employees using the benefit for themselves, they must fill out the table below with the courses they would like the benefit to be applied toward. For Dependents, it's encouraged to have this filled out as well for our records.

Course Code	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Office Use Only

_____

HR Signature:_____

The Employee/Dependent is approved to have _____ credit hours covered at _____ percent.

The Employee has been employed at the college for: _____ <1.5 Years   _____ 2 Years

_____ 3 Years   _____ 4 Years or More

Received by Financial Aid on _____

Financial Aid Signature:_____