SKIDMORE COLLEGE
EXTERNAL TUITION GRANT APPLICATION
FOR DEPENDENT CHILDREN

Name of Employee _____ Department _____ Date of Full-Time Employment _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____

The College provides 75% of tuition, up to $1,950 per year or up to $975 per semester, for up to 8 semesters of undergraduate studies for legally dependent children when attending an accredited college other than Skidmore. The term "legally dependent" children are those who qualify as dependents under the IRS code and children named to receive support for education in either a separation agreement or divorce decree issued by a competent court.

Employee Eligibility: Following three (3) years of continuous employment, full-time **non-union** faculty, exempt and non-exempt staff who are appointed to a 9, 10, 11 or 12 month position, and part-time **non-union** exempt and non-exempt staff who work at least 1,365 hours per year in a 12 month position, are eligible for this benefit if the dependent child is not participating in the Tuition Exchange Program.

Instructions: This form is to be completed by the eligible employee. Please attach a copy of the itemized tuition bill, showing name of school, student name and the semester/year attending, then forward to Human Resources with this form. Requests received by **Thursday will be processed the following Thursday**.

STUDENT INFORMATION

Name of Student: _____

Date of Birth: _____

Social Security Number: _____

Relationship to Employee: _____

Check all that apply: **(*separate forms should be completed for each term*)**

Term : ( ) Fall ( ) Freshman ( ) Special
( ) Spring ( ) Sophomore
( ) Summer ( ) Junior
Academic Year 20_____ ( ) Senior

Name of school: _____

Address: _____

_____

Checks will be made payable to the employee.
(*Check One*) ____ mail to home address _____ mail to campus address _____ will pick up

In signing this application for a tuition grant, I am requesting assistance for my dependent child and I certify that he/she is a legal dependent for the tax year covered by the above school term under the IRS guidelines stated above.

Employee's Signature: _____ Date: _____

Human Resources' Authorization: _____ Date: _____

PLEASE FORWARD THE COMPLETED FORM TO HUMAN RESOURCES
WITH A COPY OF THE ITEMIZED TUITION BILL