SKIDMORE COLLEGE
EXTERNAL TUITION GRANT APPLICATION
FOR DEPENDENT CHILDREN

Name of Employee _____ Department _____ Date of Employment _____

Home Street Address _____ City _____ State _____ Zip _____

Skidmore Employee ID Number (on your ID card) _____

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 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. Union employees should consult their collective bargaining agreement regarding eligibility.

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.

STUDENT INFORMATION

Name of Student: _____

Date of Birth: _____

Last 4 digits of Social Security Number: _____

Relationship to Employee: _____

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

Term :
( ) Fall
( ) Spring
( ) Summer
Academic Year 20_____

( ) Freshman ( ) Special
( ) Sophomore
( ) Junior
( ) Senior

Name of school: _____

School Address: _____

_____

The payment will be made via the payment method (ex. primary direct deposit or check) that you have on file.

In signing this application for a tuition grant, I am requesting assistance for my dependent child and I certify that this child 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