

# TUSCULUM COLLEGE

## Tuition Remission Application for Faculty and Staff

**Read before Completing this Application:** The Board of Trustees' policy requires that individuals making application for this program to also file a Free Application for Federal Student Aid (FAFSA). This program will not be applicable for Residential College summer offerings or for dependents other than spouses to receive Graduate and Professional Studies tuition. **An employee must complete one year of consecutive, full-time employment prior to being eligible to apply for this Tuition Remission.** If you, the applicant, are enrolled in or will enroll in a degree-seeking program at Tusculum College, you are required to submit any documents required by the Office of Financial Aid and On-Campus Student Employment (copies of federal tax returns may be necessary). If you are eligible for federal grants, state grants or scholarships, these amounts will be used to reduce the amount of your Tuition Remission. **Once you have completed this application, submit it to Tusculum College Human Resources, PO Box 5093, Greeneville, TN 37743.**

Award Year \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Employee's Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

If Professional Studies, indicate Group Number: \_\_\_\_\_ and check the program in which you are enrolled:

\_\_\_\_\_ Gateway \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Master's Degree

**I understand that this award will *not* be applicable for Residential College summer offerings or for dependents other than spouses to receive Graduate and Professional Studies tuition, and that the employee must complete one year of consecutive, full-time employment prior to being eligible to apply for this scholarship.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### Supervisor Recommendation for Faculty and Staff Tuition Remission

I fully support the above employee in working toward their academic goal here at Tusculum College.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### Human Resource Office Authorization Area

Employment Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Human Resources Office - Please send to Financial Aid, PO Box 5049)*

### Office of Financial Aid Authorization Area

\_\_\_\_\_ Approved \_\_\_\_\_ Denied - Reason \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_