**Employee Benefit Application for Tuition Remission and Tuition Exchange**

*(Benefit time period of August 1, 2014 through July 31, 2015. Academic year 2014-15)*

**Return to Human Resources by:**

**October 21, 2013**

**(*Deadline for Tuition Exchange Programs and Tuition Remission for academic year* – October 21, 2013)**

*(If using* ***Tuition Remission*** *on a term only basis, submit application prior to start of the term.)*

Employee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment start date at Augustana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you employed: □ full-time □ part- time

Is this a Renewal application \_\_\_\_ Yes \_\_\_\_ No If yes, for what benefit: \_\_\_Tuition Remission \_\_\_ ELCA or National Exchange

**I. Benefit selection**

I am applying for the following benefit (check all that applies):

A.) \_\_\_\_\_**Tuition Remission at Augustana for:**

**\_\_\_\_\_ Dependent child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please complete Section II) and/or**

**(Name)**

**\_\_\_\_\_Myself and/or \***

**\_\_\_\_\_Spouse \*** (Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**\***Employee is responsible for letting the Office of Financial Assistance know when he/she and/or his/her spouse registers for each term.

B) \_\_\_\_\_**ELCA Exchange for a dependent child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please complete Section II)**

**(Name)**

List ELCA Exchange schools your child may consider applying to or is currently attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C) \_\_\_\_\_**National Tuition Exchange for a dependent child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please complete Section II)**

**(Name)**

**(Please note: the number of new T.E. spots may be limited. Information will be provided to those indicating interest in T.E. later in October/November.)**

List National Tuition Exchange schools your child may consider applying to or is currently attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you used either the National or ELCA Tuition Exchange program in the past ? **If yes**, please list the name(s) of past dependent(s) that have used the program, what exchange program was used, the school(s) attended and years of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Dependent Child Information**

Complete this section only if you are applying for a benefit for your dependent child. A separate form is required for each child.

Dependent children are defined as biological children and legally adopted children. Stepsons and stepdaughters who have not been legally adopted by the employee must live with the employee 12 months prior to receiving the benefit.

Name of dependent child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_\_\_\_\_\_ (required)

Year in College (2014-15) \_\_\_ FR \_\_\_SO \_\_\_JR \_\_\_SR Expected college graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Important Information Regarding Use of Benefits**

Complete this section only if you are applying for a benefit for your dependent child or spouse. Please answer the following questions:

Does the applicant for this benefit already have a bachelor’s degree? □ yes □ no

**If yes**, please proceed directly to Section IV. You do not need to complete the FAFSA.

**If no**, please proceed to the next question.

Is the applicant for this benefit pursuing a degree? □ yes □ no

**If no**, please proceed directly to Section IV. You do not need to complete the FAFSA.

**If yes**, please proceed to the next question.

Is the applicant for this benefit an Illinois resident? □ yes □ no

**If yes**, please be aware that all Augustana employees who are Illinois residents **and** have a dependent child or spouse who will enroll at Augustana in at least 3 credits must complete the FAFSA (Free Application for Federal Student Assistance) for the student **prior to February 1, 2014**. The 2014-15 FAFSA can be filed online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The 2014-15 FAFSA cannot be filed until after January 1, 2014. *A FAFSA is not required for those enrolling in summer school only.*

Completion of the FAFSA will determine eligibility for the Illinois State Monetary Award Program (MAP Grant). Please note: Illinois residents who are MAP Grant eligible, but are considered late applicants by ISAC, will lose the MAP funds for which the student would otherwise have been eligible. Those funds will not bemade up with tuition allowancedollars; i.e., the tuition allowance could be reduced up to $4,968 if the applicant is MAP Grant eligible, but considered a late applicant by the Illinois Student Assistance Commission.

**If no**, a FAFSA is not required. However, students wishing to borrow through the Federal Stafford Loan program must be enrolled for at least 4 credits and complete the FAFSA.

If your child will attend another college through The National Tuition Exchange Program or the ELCA Exchange, please follow the instructions given by that institution regarding completion of the FAFSA.

**IV. Signature**

By signing this document, you are certifying that all information is true and that the student applicant has met the definition of a dependent child as outlined above for the purpose of receiving Tuition Remission and Tuition Exchange.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_ (% \_\_\_\_\_\_\_)

Eligible for:

\_\_\_\_ Tuition Remission (% \_\_\_\_\_\_\_\_)

\_\_\_\_ ELCA Exchange

\_\_\_\_ Tuition Exchange, Inc.

Please return form to: Office of Human Resources

Augustana College

639 38th St.

Rock Island, IL 61201

309-794-7352