



Vice President

## 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: \_\_\_\_\_

**\*Employee must submit a new form every semester.**

### 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 the student the employee's child, stepchild, foster child, sibling/stepsibling, or descendant of one of these? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Does the student reside with employee more than half of the tax year? \_\_\_\_\_ 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.**

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 employ**

\_\_\_\_\_  
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.

[illegible]

**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:** \_\_\_\_\_