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Vice President Signature

SPRING HILL COLLEGE

Tuition Reduction Form

2022-2023 Academic Year (August-July)

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)

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 student employee's child, stepchild, foster child, sibling/stepsibling, or descendant of one of these? _____Yes _____No

4. a. Does student reside with employee more than half of the tax year? _____Yes _____No
   b. Are student's parents divorced or separated? _____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.

_____ _____
Student's Signature Date

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.

_____ _____
Employee's Signature Date

Please return completed form to Heidi Butler for approval.

Spring Hill College | Human Resources Department