

TUITION ASSISTANCE PROGRAM DEPENDENT APPLICATION

EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name First Name Middle Initial Employee ID

STUDENT INFORMATION (PLEASE PRINT)

Last Name First Name Middle Initial Date of Birth

Fall _____ **Intersession & Spring** _____ **Summer** _____
Year Year Year
(Intersession and Spring classes are counted as one semester)

SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER

PROGRAM GUIDELINES (continued on following page)

Dependent—an unmarried natural child, adopted child, stepchild or legal ward of an eligible employee under the age of 25 on the first official day of classes of the applicable term. The dependent may be claimed as a dependent of the employee for income tax purposes based on IRS guidelines. In the case of a legal separation or divorce, a natural or adopted child or legal ward may participate regardless of which parent declares the child as a dependent for income tax purposes. In addition, the dependent must be a high school graduate.

Select One:

- ☐ The dependent is listed on my last federal income tax return. Attached is a copy of the front page of my federal income tax return.
- ☐ The dependent is not listed on my last federal income tax return. Although he/she was eligible to be claimed as a dependent, I chose not to because of his/her income.
- ☐ The dependent is not listed on my last federal income tax return because he/she is listed on the other parent's tax return.

APPLICATION DEADLINES	
Fall Semester	First Friday in August at 4:30 pm
Intersession/Spring Semester	First Friday in December at 4:30 pm
Summer Semester	First Friday in May at 4:30 pm

Return completed form to:

FHSU Human Resource Office ~ Sheridan Hall Room 112 ~ 600 Park Street ~ Hays, KS 67601 ~ Office: (785) 628-4462 ~ Fax: (785) 628-4006

AFFIRMATION

I affirm that the facts set forth above in my application for tuition assistance are true, correct and complete to the best of my knowledge. I certify that this dependent meets the qualifications as defined above. I understand that I may be required to submit information not requested on this form; that Fort Hays State University may verify any information provided by me in this process. I understand that falsifying information on this application may result in loss of the benefit and possible termination of employment.

Employee Signature Date Telephone Number (Day)
DIGITAL SIGNATURE NOT ACCEPTED

VERIFICATION OF EMPLOYMENT

HR OFFICE USE ONLY

This is to certify that the employee named above is employed in at least a fifty (50) percent FTE budgeted position and meets the length of service requirements to qualify for tuition assistance. This is in accordance with policies and provisions approved by the Kansas Board of Regents.

HR Director Date FTE %

