This applicant is: • New at this Institution • A returning student



STATEMENT OF ELIGIBILITY for DEPENDENT TUITION REMISSION

*For verification purposes, attach a copy of your most recent income tax return listing your dependents *

Employee's Name	Relationship to stud	ent		
Employee ID Number				
Student's Name	Social Security #		DOB	Gender
Address	City	State	Zip Code	
Home Phone () Stud	ent Email Address			
Please identify the academic year the student	t is applying for			
Please check the semester the student is appl 20	ying for if they are enrolling at Ki	ng's College:	Spring	Fall 🗌 Summer
Number of Credits Applied For] Full Time Student 🗌 Part T	ime Student		
I acknowledge that FAFSA must be submi enroll. I further understand that the individual w		· ·		-
Signature of King's College Employee	Date	;		
This Statement of Eligibility, when properly Aid Departments, confirms that the student institution of their choice in accordance wit institution's financial aid policies and proce academic progress.	named is eligible for the tuition b th regular institutional admission	enefit. Applica standards and ntain good acad	ents must be admissi must comply with a	ble at the Il of the
FOR HUMAN RESOURCES USE ONL	LY			
Employee's Job Title		Eligi	ibility Date	
Date of Hire	Ranking			
Signature of a Human Resources Representa	tive Date			
FOR FINANCIAL AID USE ONLY				
Students credit eligibility 6 (Part T 18 (Full ti				
Signature of Financial Aid Representative		Date	;	

Specific information regarding the tuition benefit is available through the Human Resource and Financial Aid, offices. It is also available via the Internet in the Human Resources Policies and Procedures Manual. Employees are encouraged to read the policy, which includes form deadlines, maximum benefits, fees, etc.