Tuition Remission Application for Faculty and Staff - Dependent or Spouse

Please review the Tuition Remission Program as outlined in the most current edition of the Tusculum University Employee Handbook and read below before completing this application:

Tusculum University ("Tusculum") requires that individuals applying for the Tuition Remission Program (the "Program") meet all current admission requirements of the academic major. If the application is for an undergraduate degree or if the applicant is interested in obtaining Unsubsidized Federal Student Loans, they must file a Free Application for Federal Student Aid (FAFSA). Applicants for master's degree programs (Spouse only) are exempt from the FAFSA requirement. If the applicant is enrolled in or will enroll in a degree-seeking program at Tusculum, the applicant is required to submit any and all documentation pertaining to the enrollment process as required by Tusculum. If the applicant is eligible for federal grants, state grants or scholarships, these amounts will be used to reduce the amount of the Tuition Remission. The Employee is required to submit a new Application two (2) weeks prior to the beginning of each academic term until completion of the Program.

Applicable Degrees for the approved Employee's Dependent or Spouse are as follows: Associate's (both), First Bachelor's (both), Dual Enrollment (Dependent only), Master's (Spouse only). For approved Employees, the Program will cover 100% of the tuition for Undergraduate coursework and 50% of the tuition for Graduate coursework for the applicable Dependent or Spouse. The Program does not cover any other fees, books, and/or any other expenses related to the coursework. The Program will be limited to tuition for a single degree program or a single class.

Eligibility and Possible Reimbursement: The Employee must have completed one (1) consecutive year of full-time employment with Tusculum prior to the submission of this Application and the Employee's Dependent or Spouse must qualify as an IRS dependent in order to be eligible for the Program. Documentation establishing the Dependent or Spouse's relation to the Employee may be requested when considering this Application. Approval will also be contingent on factors such as budget and funding considerations. Approved Employees under the Program are required to complete two (2) years of consecutive full-time employment upon completion of the Program or the Employee will be subject to reimburse Tusculum, under terms and conditions established by Tusculum, for the full amount or a pro-rated portion of the total tuition remission granted by the Program.

Academic Award Year: _____

Applicant's Name: _____ Applicant's Date of Birth: _____ Student ID: _____

Phone Number: _____ Address: _____ Apt. #: _____

Employee's Name: _____ Relationship to Applicant: ☐ Dependent ☐ Spouse

Please indicate the Degree program in which the Dependent or Spouse is enrolled:

☐ Associate's Degree ☐ Master's Degree (Spouse only) ☐ Single Class

☐ Bachelor's Degree (first Bachelor's only) ☐ Dual Enrollment (Dependent only)

By signing this form, I acknowledge and understand the terms and conditions of the Program as defined in the most current edition of the Employee Handbook and in conjunction with the information contained in this Application. I acknowledge that I have reviewed the Program contained in the most current edition of the Employee Handbook. I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I agree that any misrepresentation, falsification or omission of facts thereon, regardless of when discovered, shall justify in no longer being eligible for the Program, and that the Employee will be required to reimburse Tusculum for the full amount of any tuition remission received. My signature constitutes my agreement thereto in return for consideration of my application.

Applicant's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Human Resources Office Authorization:

Employee's Hire Date: _____ Employee's Eligibility Date: _____

Employee Meets Eligibility Requirements: ☐ Yes ☐ No Comments: _____

Authorized By (Print Name): _____

Authorized Signature: _____ Date: _____