

Chestnut Hill College
Employee/Spouse/Dependent Application for Tuition Grant
20__ - 20__

Application for tuition grant must be submitted following the guidelines in the Faculty and Staff Handbooks **prior** to the semester/session in which the tuition grant is applied. This application requires the approval of Vice President for Financial Affairs, the Director of Human Resources and the Director of Financial Aid.

All courses/credits taken by a Chestnut Hill College employee/dependents are charged to the Financial Aid budget. **A pre-approved application must be completed before the class begins.**

Name of Employee: _____

Hire Date: _____

- I will be taking the course. **Student ID#:** _____
 My Dependent or Spouse will be taking a course (*circle one*)

Name of Dependent or Spouse: _____ **Student ID#:** _____

Semester/Session (check all that apply)

Undergraduate Studies	Accelerated (SCPS)	Graduate Studies
<input type="checkbox"/> Fall - 20__	<input type="checkbox"/> Fall 1 - 20__	<input type="checkbox"/> Fall - 20__
<input type="checkbox"/> Spring - 20__	<input type="checkbox"/> Fall 2 - 20__	<input type="checkbox"/> Spring - 20__
<input type="checkbox"/> Summer 1 - 20__	<input type="checkbox"/> Spring 1 - 20__	<input type="checkbox"/> Summer 1 - 20__
<input type="checkbox"/> Summer 2 - 20__	<input type="checkbox"/> Spring 2 - 20__	<input type="checkbox"/> Summer 2 - 20__
<input type="checkbox"/> Summer 3 - 20__	<input type="checkbox"/> Summer 1 - 20__	<input type="checkbox"/> Summer 3 - 20__
	<input type="checkbox"/> Summer 2 - 20__	

Course Number: _____ **Course Title:** _____

Course Number: _____ **Course Title:** _____

Total Number of Credits: _____ **Status (check):** Full Time Part Time

(Attach course schedule for Full Time Dependents.)

By signing below I am confirming that if I do not stay in the employ of the College for at least six months following the end of the last class completed, I will be required to repay the tuition grant for the last semester in which a class was completed.

Employee Signature: _____ **Date:** _____

Discount Employee is Eligible for: circle one
 (Business Office Use Only, Authorized by Human Resources)

25%	50%	75%	100%
-----	-----	-----	------

Human Resources Signature: _____

Approvals:

VPFA: _____ **Date:** _____