TEACHERS COLLEGE

COLUMBIA UNIVERSITY

Application for College Tuition Grant for Baccalaureate Degree Candidates

This tuition benefit applies to Full-time Professional Staff and Members of Unions 2110 and 707 who have met their respective three (3) years or five (5) years of service. The benefit applies only if the student is enrolled in a degree program. A copy of the specific semester's bill must accompany this application each semester for which a grant is being requested. It is the responsibility of the eligible employee to submit the application and bill to Human Resources, 120 Whittier.

Please type or print. This entire form must be completed. Use a separate application for each student.

1. NAME OF ELIGIBLE PARENT:	TCID:
DEPARTMENT:	BOX:EXT:
2. FULL NAME OF STUDENT:	SSN:
RELATIONSHIP:	DATE OF BIRTH:
3. NAME OF UNIVERSITY OR COLLEGE:	
4. COLLEGE ADDRESS:	
5. CLASS: Freshman Sophomore Junior	Senior
6. TUITION EXCLUSIVE OF ALL OTHER FEES \$	PER SEMESTER
7. WHAT SEMESTER IS THIS APPLICATION FOR?	
Summer Fall Winter Spring	Year Trimester
8. REMARKS	
I certify that the individual for whom I am requesting this b	penefit has one of the following relationships to me:
Natural or legally adopted child who	has not reached the age of 27
Stepchild who lives in the same hous eligible staff member and has not rea	sehold for more than half the past year of the ached the age of 24
I also certify that this individual [(is) [(is not) a depentive these payments will be treated as income and subject to tax. during the year such benefit is used.)	ident as defined by the IRS. If this person is not your dependent . (Taxes are generally withheld in a series of equal amounts
Signature of Parent	Date

PLEASE NOTE: According to Teachers College Policy 501.2 Section 4.1.10: An employee who leaves an eligible position prior to the end of the semester will receive a prorated benefit and may be subject to repayment, based on the time elapsed since the semester begins.