

Dickinson

TUITION ASSISTANCE PROGRAM APPLICATION FORM

Name of Employee _____ Date _____

Department _____ Date of Hire /
Date of Appointment _____

Name of Student _____ Student Date of Birth _____

Institution Attending* _____

Is this a Tuition Exchange school? YES NO Go to www.tuitionexchange.org to find out.

Expected Dates of Attendance _____

Tuition assistance at another institution (in the form of a cash grant) is available only to dependent children under age 24.

* *Tuition Assistance will only be available for tuition costs at Tuition Exchange participating institutions if the employee completed an application for a Tuition Exchange Scholarship in a timely manner and was denied Tuition Exchange. In that event, Tuition Assistance will then be available.*

I, hereby, certify that this student is my legal dependent. Additionally, I certify that this student has not previously completed the baccalaureate degree at Dickinson or at another institution.

I have read the College's Academic and/or Administrative Handbook, as referenced on this form, and understand the benefits and restrictions of this program.

Employee's Signature

PLEASE RETURN FORM TO HUMAN RESOURCE SERVICES FOR PROCESSING. THANK YOU.

¹ See Dickinson College Academic Handbook February 1995, P. 7-7 through 7-9 for complete information concerning this benefit.