

BRYN MAWR COLLEGE TUITION GRANT PROGRAM APPLICATION

Expected Enrollment _____ Actual Enrollment _____

Employee Information

Name: _____

Address: _____

Department & Position: _____

Date of Hire: _____ Social Security #: _____

Dependent Information

Eligible Children shall be the dependent natural daughters or sons, dependent legally adopted sons or daughters, or legally dependent stepchildren of persons employed by Bryn Mawr College. Stepchildren include children entering the family through marriage of a parent and children entering the family through the establishment of a qualified domestic partnership. The child must be declared as a dependent on the employee's Form 1040 during the period for which the Tuition Grant is awarded, or the employee must be able to demonstrate that he or she provides at least 50% of the child's support. Children who are 25 or more years of age at the end of the calendar year (December 31) will not be eligible for this program in the following calendar year (beginning January 1).

Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Relationship To Employee: _____

Has this child previously received a Tuition Grant from Bryn Mawr College?

Yes _____ No _____

If yes, indicate the academic years and number of semesters: _____

Academic Information

Name of Institution Attending:
(If still applying or waiting for acceptance, indicate your child's first choice)

Address: _____

Telephone #: _____

Please check the appropriate box:

College/University: _____ Junior College: _____ Technical School: _____

I have read and understand the latest version of the Tuition Grant Program (dated June 1, 2006), which is included with this application, and I agree to comply with the terms of the policy.

Signature _____ ***Date*** _____

Human Resources Use Only

This employee is: _____ Full-Time _____ Part-Time
The employee has 7 or more years of continuous service: _____ Yes _____ No
Aggregate FTE over last 7 years: Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____
The dependent qualifies for the following Tuition Grant Amount:
Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____ Year 4 \$ _____

Approved By: _____ Date: _____