

KNOX COLLEGE

APPLICATION FOR FACULTY/STAFF TUITION BENEFIT

Employee Name: _____

Position/Title: _____

Name of Student Applying for benefit: _____

Relationship to Employee: _____

BENEFIT APPLIED FOR:

1. Knox tuition (employees, spouse/domestic partner, and/or dependents) _____
2. ACM tuition _____ (dependents only)
3. Tuition Exchange (TE) scholarship opportunity _____ (dependents only)
4. \$500 tuition at a college other than Knox (not ACM or TE) _____
(employee, retiree, and/or dependents)

_____ School student is registered at for \$500 tuition benefit

The person receiving this benefit qualifies under the following definition:

_____ My dependent child as defined by the federal government for income tax purposes and claimed on my federal tax return. If not claimed on federal tax return, please explain: _____

_____ My spouse/domestic partner for which I have signed a Statement of Domestic Partnership form

Employee Signature: _____ Date: _____

Approved by Human Resources: _____ Date: _____