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:__________________