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 then 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:__________________________