



Hampshire College

Application for Tuition Grant

Please print clearly, complete all information requested.

Employee Information

Employee Name _____
 Home Address _____
 Department _____ Title _____
 Date of Hire: _____ FTE: _____ Faculty Administrator Staff
 Extension _____ Home Telephone () _____

Dependent Information

Name _____
 Home Address _____
 Relationship to employee: Son ___ Daughter ___ Date of Birth _____
 College/University student will be attending _____
 College/University address _____
 Student will be enrolled in: Academic Year _____ Fall ___ Spring ___

Procedures and Policy for Tuition Grant Benefit

Employee required to complete a separate application for each dependent for each semester. Along with the completed application employees are required to supply;

- a copy of the current bill
- proof of the dependent's age (i.e. driver's license, birth certificate, when first applying)
- official verification that the child is a dependent (copy of most recent tax return, once a year)
- and at the end of each semester supply an Enrollment Certification for the prior semester

All items are necessary in processing the application in a timely manner. If dependent voluntarily withdraws from school and/or is eligible for a refund, the Human Resources Office must be notified in order to determine what portion, if any, of the refund is to be returned to Hampshire College.

The tuition grant is limited to four academic years, until the dependent earns a bachelor's degree, or reaches age of twenty-five (25), which ever occurs first.

Submitted by: _____ Date: _____
 Employee's Signature

The following information is completed by Human Resources

For the account of _____
 (Student's Name)
 Amount of Grant _____ Mail Check To: _____
 (up to \$1000. per semester) (Employee's Name)
 Semester # _____ Copy of current bill Proof of age Proof of dependent status Enrollment certification
 Business Office Use: DR 90-033001-62460
 Certified by _____ Date: _____