

Please print clearly, complete all information requested.

<b>Employee Information</b>			
Employee Name			
Home Address			
Department	Title		
Date of Hire: FTE:		☐ Administrator	☐ Staff
Extension Home Telephone (			
Dependent Information			
Name			
Home Address			
Relationship to employee: Son Daughter S	SS#	Date of	Birth
College/University student will be attending			
College/University address			
Student will be enrolled in: Academic Year	Fall	Spring	
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:		
The following information is completed by Human Resources			
For the account of(Student's Name)	Accou	unt(Student SS#)	
Amount of Grant Mail C (up to \$1000. per semester)	heck To:(Em	ployee's Name)	
Semester #	f of age Proof of	f dependent status	☐ Enrollment certification
Business Office Use: <u>DR 90-033001-62460</u>			
Certified by	_ Date:		