Submit this form and Proof of Relationship*

Please complete entire form and return to the HR Department. Incomplete forms will not be accepted.

LAST NAME FIRST NAME M.I. EMAIL ADDRESS DATE OF HIRE (MM/YYYY) EMPLOYEE'S DEPARTMENT / WORK EXTENSION POSITION TITLE ADMINISTRATIVE STAFF SUPPORT STAFF HOURLY SIGNATURE To the best of my knowledge, I certify that the above information is true and correct. I have attached or have on file with Human Resources proof of relationship, including a copy of the Tax Return for parent of dependent SIGNATURE OF DEPENDENT STUDENT (CHILD) DATE FOR HR Office use only: Bligible I neligible FIE Status Payroll Hours ELCA only % of benefit	LAST NAME	FIRST NAME	M.I.	LAST FO	UR DIGITS OF SOCIAL SECUF	RITY #
Acceptable proof of relationship includes bitch certificate and parental Tax Returns (must list the dependent as an exemption to qualify) or additional reference please refer to the Employee Handbook. APPLICATION INFORMATION PLEASE INDICATE WHICH ACADEMIC YEAR AND BENEFIT THIS APPLICATION IS FOR ACADEMIC YEAR: NUMBER OF SCHOOLS APPLIED TO: The Tuition Exchange (TE) Scholarship (tuitionexchange.org) ELCA Tuition Exchange (TE) Scholarship (tuitionexchange.org) ELCA Tuition Exchange Scholarship (tuxtus) elca.org/Growing-In-Faith/Education/Colleges-and-Universities.aspx) ST INSTITUTIONS WHERE DEPENDENT IS APPLYING TO OR ATTENDING. (You may add to or delete from this list after the application is submitted). NAME OF SCHOOL AND CITY/STATE NAME OF SCHOOL AND CITY/STATE NAME OF SCHOOL AND CITY/STATE PLEASE CONFIRM STATUS FOR ACADEMIC YEAR REQUESTED ABOVE: ADMISSION STATUS: APPLICATION SUBMITTED ACCEPTED CURRENTLY ATTENDING DUNKNOWN CURRENTLY ACTION SUBMITTED ACCEPTED UNKNOWN SEEGLAL PELL GRANT ELIGIBLE: YES NO UNKNOWN SEEGLAL PELL GRANT ELIGIBLE: YES SEEGLAL PELL GRANT ELIGIBLE: SENIOR (90-12 SEMPLOYEE (PARENT) INFORMATION AST NAME FIRST NAME M.I. EMAIL ADDRESS STATE OF HIRE (MM/YYYY) SALARY ADMINISTRATIVE STAFF SUPPORT STAFF HOURLY ADMINISTRATI	PERMANENT HOME ADDRESS – S	STREET	CITY		STATE	ZIP CODE
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