

Submit this form and Proof of Relationship*

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

DEPENDENT STUDENT (CHILD) INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____ LAST FOUR DIGITS OF SOCIAL SECURITY # _____

PERMANENT HOME ADDRESS – STREET _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT PHONE NUMBER _____ EMAIL ADDRESS _____

***Acceptable proof of relationship includes birth certificate and parental Tax Returns (must list the dependent as an exemption to qualify)**

For 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 Scholarship (www.elca.org/Growing-In-Faith/Education/Colleges-and-Universities.aspx)

LIST 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 _____

PLEASE CONFIRM STATUS FOR ACADEMIC YEAR REQUESTED ABOVE:

- ADMISSION STATUS: APPLICATION SUBMITTED ACCEPTED CURRENTLY ATTENDING
- FEDERAL PELL GRANT ELIGIBLE: YES NO UNKNOWN
- CLASS STANDING: FRESHMAN (0-29 UNITS) SOPHOMORE (30-59 UNITS) JUNIOR (60-89 UNITS) SENIOR (90-124 UNITS)

EMPLOYEE (PARENT) INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____ EMAIL ADDRESS _____

DATE OF HIRE (MM/YYYY) _____ EMPLOYEE'S DEPARTMENT / WORK EXTENSION _____ POSITION TITLE _____

- FACULTY SALARY 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 child.

SIGNATURE OF DEPENDENT STUDENT (CHILD) _____ DATE _____

SIGNATURE OF EMPLOYEE (PARENT) _____ DATE _____

For HR office use only:

Eligible Ineligible FTE Status _____ Payroll Hours _____ ELCA only % of benefit _____ %

Tax Return Verified HR Benefits Initials _____

AVP of Human Resources Signature _____ Date _____