2017-2018 Tuition Cash Grant Program **Application Form**

This application pertains to the dependent children of faculty and exempt staff members who meet all requirements stated

Please check one:	☐ Original application	n		
Faculty/Exempt Staff Member	Information:			
Name:	LIN or So	LIN or Social Security Number:		
Campus Department and Address	:			
Campus Telephone Number:	E-mail			
Title and Rank/Level:		Date of Eligible Service:		
	University all ineligible tuition awards	uition Cash Grant Program 2017-18 Fact Sheet. I that are paid on behalf of my child.		
agree that I will repay to Lehigh	· ·	that are paid on behalf of my child.		
agree that I will repay to Lehigh (University all ineligible tuition awards	that are paid on behalf of my child.		
agree that I will repay to Lehigh is Signature: Dependent Child Information: The Tuition Cash Grant program	University all ineligible tuition awards is governed by the terms and condition Code, and after all related cross-refere ghters	that are paid on behalf of my child Date: ns detailed in the Internal Revenue (

The child must be an unmarried dependent of the faculty or exempt staff member who is attending college on a full time basis. If the child is under the age of 24, s/he must be claimed as a dependent on the federal tax return of the faculty or exempt staff member or the child's custodial parent. If the child will be age 24 or older at the end of 2017, the child must be a full time student who is residing with and supported by his/her parents.

If there has been a break in the child's dependency status for benefits, a "Statement of Dependency" form must be submitted with a certified transcript of the student's and parent's income tax returns.

In addition to meeting the dependency requirements, the child must be matriculated before age 30.

Dependent's Name:		Relationship:	
Birth date:	LIN or Soc. Sec. No.:	Student ID:	

Receiving Institution Information	:		
States Association of Colleges and S Association of Colleges and Schools	Schools, New Engla s, Northwest Associ ociation of Schools	nd Association of So ation of Schools and	
In addition, the dependent child must bachelor's degree.	st be enrolled in a pr	ogram of study that	leads to an associate's degree or a
Name of Institution:			
Address (please also indicate depart	ment and individual	to whom payment s	should be sent):
			-
Email Address:			
Telephone Number:		Fax Number	r:
Degree Program:	☐ Associate's I	Degree	☐ Bachelor's Degree
Academic Calendar:	☐ Semester	☐ Trimester	☐ Quarter
Please check one (if eligible for):	☐ On-campus r	oom and board	☐ Off-campus room and board *
* If applicable, please indicate the a at the receiving institution and atta		•	rd allowance \$
Please indicate any special circum	stances or instruct	ions:	
• •			

Please forward the completed application to:

Lehigh University / Human Resources 428 Brodhead Avenue, Bethlehem, PA 18015

Fax Number: 610-758-6226

The tuition cash grant benefit plan requires that the cash grant for each semester (or other term) be paid at the beginning of the term. All requests for payment must be submitted prior to the start of the term at the receiving institution. An invoice from the receiving institution is required before payment can be made. Send a copy of the invoice to Human Resources at least two weeks before the due date. Payment will be mailed to the receiving institution via U.S. Postal Service.

If you have any questions, please contact Betty Konczyk (82952 / bjk208).