

**2021-2022 Tuition Cash Grant Program  
Application Form**

This application pertains to the dependent children of faculty and exempt staff members who meet all requirements stated in the **Tuition Cash Grant Program Fact Sheet**. Please complete **both** sides of the form. Processing instructions are provided on the reverse.

Please check one:  Original application  Renewal application

**Faculty/Exempt Staff Member Information:**

Name: \_\_\_\_\_ LIN or Social Security Number: \_\_\_\_\_

Campus Department and Address: \_\_\_\_\_

Campus Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Title and Rank/Level: \_\_\_\_\_ Date of Eligible Service: \_\_\_\_\_

*My signature below indicates that the child listed is my dependent and meets the terms and conditions described below and that I have read and understand the information contained in the Tuition Cash Grant Program 2021-22 Fact Sheet. I agree that I will repay to Lehigh University all ineligible tuition awards that are paid on behalf of my child.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dependent Child Information:**

The Tuition Cash Grant program is governed by the terms and conditions detailed in the Internal Revenue Code [Section 117(d)]. Under this section of the Code, and after all related cross-references, the term “dependent child” applies to:

- Natural sons and daughters
- Adopted sons and daughters
- Step-sons and step-daughters,

of the faculty or exempt staff member who are their “dependents” as defined under other sections of the Code.

The Tuition Cash Grant is also available, on a fully taxable basis, to the step-sons and step-daughters of faculty or exempt staff members who have declared a domestic partnership with a partner of the same sex.

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 2021, 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:**

Only regionally accredited, degree-granting institutions are covered. The school must be accredited by Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, Western Association of Schools and Colleges, or an equivalent accrediting body for colleges or universities located outside the United States.

In addition, the dependent child must be enrolled in a program of study that leads to an associate's degree or a bachelor's degree.

Name of Institution: \_\_\_\_\_

Address (please also indicate department and individual to whom payment should be sent):  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Degree Program:                       Associate's Degree                       Bachelor's Degree

Academic Calendar:                       Semester                       Trimester                       Quarter

Please check one (if eligible for):                       On-campus room and board                       Off-campus room and board \*

\* If applicable, please indicate the amount of the off-campus room and board allowance at the receiving institution and attach supporting documentation:                      \$ \_\_\_\_\_

**Please indicate any special circumstances or instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward the completed application to:

Lehigh University / Human Resources  
306 S. New Street, Suite 437, 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 Rubio (82952 / bjk208).