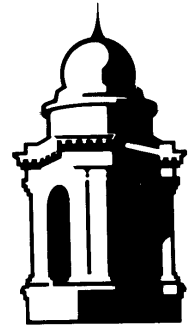


MONMOUTH COLLEGE
TUITION REMISSION FOR SPOUSES, SAME-SEX DOMESTIC
PARTNERS & DEPENDENT CHILDREN
Application 2013-2014



IMPORTANT: *If you have not already received a current Benefit Description for this program, please obtain one from the Personnel Office and review it carefully before proceeding with this application. Provisions contained in the Benefit Description supersede any statements contained in this application.*

STUDENT NAME _____

DEPENDENT CHILD*

SPOUSE/SAME-SEX
DOMESTIC PARTNER

*DATE OF BIRTH: _____

EMPLOYEE NAME _____ POSITION _____

BENEFIT PERIOD: 2013 Fall Semester, No. of Semester Courses _____
2014 Spring Semester, No. of Semester Courses _____

YES, A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) HAS BEEN FILED. IF NOT, please see the Financial Aid Office immediately.

I understand that to receive tuition remission, I am to complete a Financial Aid Form as described above; that the tuition remission will apply to the difference between tuition costs and any grant awards received from agencies outside the College; and I agree to inform the College if any other awards from outside sources are granted to me.

Signed: _____ Date: _____
Student Applicant

I hereby affirm that the student for which tuition remission is applied is presently and to the best of my knowledge will continue to qualify through the academic year as a spouse, same-sex domestic partner or dependent child as defined in the benefit description for this program. I understand and agree that if, at any time during the year, the student ceases being a dependent child, spouse or same-sex domestic partner, it is my responsibility to notify Monmouth College immediately and that all tuition remission benefits will terminate at the end of the academic session during which eligibility ceases. I understand and agree that should the student cease to be a dependent and I fail to notify the Monmouth College promptly, the amount of any unauthorized tuition remission will become due and payable to Monmouth College. I understand that this benefit may represent taxable income to me in accordance with Federal or State regulations.

Signed: _____ Date: _____

(Continued - See reverse side.)

ROUTE TO:

#1). ADMISSION OFFICE: (First time applicants only)

_____ (student applicant) has been granted admission to Monmouth College.

SIGNED: _____
Dean of Admission

DATE: _____

#2). FINANCIAL SERVICES OFFICE:

_____ (student applicant) ____ has completed a Financial Aid Form, or ____ is exempted from requirement to complete a Financial Aid Form. Tuition remission should be decreased by \$ _____ representing the amount of applicable outside awards.

SIGNED: _____
Director of Financial Aid

DATE: _____

#3). PERSONNEL OFFICE:

_____ (student applicant) a dependent child/spouse/same-sex domestic partner of _____ (sponsoring employee) is eligible for tuition remission in the amount of \$ _____.

SIGNED: _____
Director of Personnel

DATE: _____

Distribution: Personnel Office (original)
Financial Services (copy)
Business Office (copy)
Applicant (copy)