

Tuition Benefit Application

	En	nployee Informatio	n				
Employee Name	Work Phone	Home Phone	Camp	ous Box #	Email Address		
Church Adduses	City State 7in	Command FTF		Char	ole Omac		
Street Address	City, State, Zip	Current FTE		Chec	ck One:		
					Faculty	Staff	
		tudent Information					
Employee Relationship to Student (check one):	Full Name of Spouse/Depen	dent:	Last 4 Digits of S	ocial Secur	rity Number of St	udent:	
Self Spouse Dependent			Student Date of	Birth:			
Is the student degree seeking?	Has the student earned an u	the student earned an undergraduate degree? Applying for benefi			s to be applied to courses taken:		
Yes No	Yes	No	Fall 20	Spring	20 *Sur	nmer 20	
If applying for undergraduate tui completed. Has the financial aid			Anticipated Grad	de Level:			
Yes No	Not Applicable Will I	File Later	Freshman	Sophomo	re Junior S	Senior Grad	
					on benefit is only a fers from academic		
Program student will be enrolling	g in:		If applying for gr program:	aduate tui	tion remission, ir	ndicate which	
Traditional Day	Adult Undergraduate/WEC	Graduate	ргодгант.				
Application Deadlines:							
Augsburg Programs: May 1		Exchange Pro	grams: May	1			
		e/University Inform					
Will the student be attending Augsburg University?	Did the student attend	d Augsburg last year?	Are you applying exchange progra		n benefits in one	of the	
Yes No	Yes	No	excitating progra	Yes	s No		
If you are applying for tuition ber indicate which exchange program all programs that apply. Refer to the following websites: TE: http://www.tuitionexchange. ELCA: http://www.elca.org/colle	for information on school par .org/ CIC ges/ AC	rticipation: :: http://www.cic.edu/Pro TC: includes Hamline, St. (applying for partic grams-and-Service Catherine, St. Thor	cipates in m es/Pages/d mas and Ma	nultiple programs efault.aspx acalester.	s, please select	
Tuition remission amounts vary the receives the benefit. Forms with						termines who	
Name of School	City/State	Exchange Pro		Att	Attended this school in a prior year?		
1.		ACTC CIO	C TE ELCA				
2.		ACTC CI	C TE ELCA				
I hereby apply for tuition r benefit policy.		ployee Authorizations above-named indicated in the second		he provis	sions of the tu	iition	
Signature:					Date:		
		n Resources Use	Only				
Date of Hire:	FTE:	Signature:			Date:		
Date of Benefit Eligibility:							

Additional College/University Information						
Name of School	City/State	Exchange Program:	Attended this school in a prior year?			
3.		ACTC CIC TE ELCA				
4.		ACTC CIC TE ELCA	Α			
5.		ACTC CIC TE ELCA	Α			
6.		ACTC CIC TE ELCA	Α			
7.		ACTC CIC TE ELCA	Α			
8.		ACTC CIC TE ELCA	Α			
9.		ACTC CIC TE ELCA	Α			
10.		ACTC CIC TE ELCA	Α			
11.		ACTC CIC TE ELCA	Α			
12.		ACTC CIC TE ELCA	Α			