

## Tuition Grants for Eligible Dependents

(DEADLINES FOR GRANTS TO BE PAID: December 1 for Fall semester and May 1 for Spring semester)

Employee's Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ Dependent's Birth Date: \_\_\_\_\_

Dependent's College/University: \_\_\_\_\_

University/College office and address where tuition check should be sent: \_\_\_\_\_

Semester \_\_\_\_\_ Student level:  First Year  Sophomore  Junior  Senior

Please indicate the costs at the College/University for this semester:

Tuition \_\_\_\_\_ Board \_\_\_\_\_ Activity Fee \_\_\_\_\_ Books\* \_\_\_\_\_

Room \_\_\_\_\_ Health Fee \_\_\_\_\_ Technology Fee \_\_\_\_\_ Other Fees \_\_\_\_\_

**\*Book expenses apply only to those receiving PELL and Pennsylvania State Grants. A maximum of \$500 is allowed.**

If living off-campus, please indicate the following:

Cost of off-campus lease: \_\_\_\_\_  monthly  per semester  annually (Please attach a copy of the rent/lease agreement.)

Price of highest meal plan offered on campus: \_\_\_\_\_

Please list all grants/financial aid awards and amounts (other than loans) that are available to eligible dependent and note any restrictions.

PA Grant	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none
PELL	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none
GI Bill	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none
SEOG	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none
Other _____	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none
Other _____	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none
Other _____	\$ _____	Restricted to <input type="checkbox"/> tuition <input type="checkbox"/> room <input type="checkbox"/> board <input type="checkbox"/> none

I, hereby, certify that this student is my dependent according to the College's [Tuition Benefit Policy](#). Additionally, I certify that this student is a candidate for their first undergraduate degree. I agree that have read the College's [Tuition Benefit Policy](#) and understand the benefits and restrictions of this program. In making this application, I have included all appropriate grant and financial awards that my eligible dependent has received or to my knowledge will be receiving for this particular term/semester. I understand that any grants and awards (not loans) exceeding the cost of room and board at the attending institution will be applied toward reducing Gettysburg College's costs.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Hand signed or certified electronic signature required)

Required attachments:  Invoice from college/university  
 Financial aid/award letter or itemized invoice  
 Off-campus lease if living off-campus

All checks will be paid directly to the college/university of attendance.