

Tuition Remission 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

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 _____

- 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.