ANGELINA COLLEGE

DEPENDENT TUITION EXEMPTION SCHOLARSHIP APPLICATION

To be completed by employee and returned to Human Resources
at least one week prior to the start of classes

Dependents of full-time employees are entitled to scholarships in the amount of tuition and fees (excluding special fees) not to exceed the cost of 15 in-district credit hours per fall and spring semester and 6 credit hours for each summer semester. Textbooks are not included. <u>To be eligible, the dependent must be a spouse, a child or step-child under the age of 26, or a dependent eligible to be claimed as an exemption on the employee's most recent tax return.</u>

Dependent's Name:_____Semester of Enrollment:_____

Dependent's Relationship to Employee: ☐ Spouse ☐ Child or Step-Child Under 26

Address:_____
            Street   City   State   Zip

Dependent's Date of Birth: _____ Student ID Number: _____

Name of Course(s) for Tuition Waiver:
_____Days/Time_____

_____Days/Time_____

****

I, _____, certify that _____ meets
            Employee's Name   Dependent's Name
the above eligibility requirements.

If the dependent is a child, did you claim him/her on your latest tax return?   ☐ Yes   ☐ No

If no, is the child under the age of 26?   ☐ Yes   ☐ No

_____   _____ _____
    Employee's Signature   Date   Department/Division

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Is this employee actively working full-time?   ☐ Yes   ☐ No

_____   ☐ Approved ☐ Denied
        Human Resources Signature
****
For Office Use Only: Process Date:_____
                            By:_____