



2017-2018

EMPLOYEE CERTIFICATION OF ELIGIBILITY

This form must be completed by the employee seeking consideration for a Tuition Exchange Scholarship for his/her dependent. This Certification by Office of Human Resources or Faculty Records must be returned with the completed Tuition Exchange Scholarship Application(s).

FOR FACULTY OR STAFF REQUEST

I understand that the Office of Admissions and Financial Aid processes requests for the Tuition Exchange Scholarship Program according to criteria for eligibility of the academic program. However, I request the Office of Human Resources OR Faculty Records to determine eligibility of child dependency and employment circumstances. **Attached is a copy of my Form 1040 for the most recently completed federal tax year.** *It is not secure to submit tax forms and applications via email that contain social security numbers.*

Employee Name (printed) _____ | X | X | X | X | X | | | | |
Social Security Number

Student's Full Name _____ | X | X | X | X | X | | | | |
Social Security Number

Employee Department _____ Campus Address _____ Campus Telephone _____ Home Telephone _____

Employee Signature _____ Date _____

FOR USE OF:
☐ HUMAN RESOURCES OR ☐ FACULTY RECORDS
IN REVIEW OF CRITERIA

FACTORS	YES	NO	COMMENTS
STUDENT ELIGIBILITY			
Applicable Form 1040 Submitted			
Year of Form 1040 _____			
Academic Term of Request _____			
EMPLOYEE DATA			
Regular Full-time Status			
Full-time Date of Hire _____			

AUTHORIZED SIGNATURE

Prepared By _____ Date _____

Reviewed By _____ Date _____

Note, Please attach a completed Employee Certification form to this application.
Staff, please forward completed Application and Employee Certification forms to: University Benefits Department. (320 Craig Hall).
Faculty, please forward completed Application and Employee Certification forms to: Faculty Records (G-39 Cathedral of Learning)