

TUITION REMISSION APPLICATION FORM
 Scholarship Plan for Dependent Children of
 Faculty, Administration, and Staff

TO: Human Resources, CLAREMONT McKENNA COLLEGE – 528 N. Mills Avenue, Claremont, CA 91711-4417

Part One: (To be completed by Employee)

Name of Employee: _____ Campus Extension: _____
 Home Address: _____ Date of Hire: _____

Does the student for which tuition remission is being requested meet the IRS definition of a dependent? Per IRS code, a dependent is defined as a son, stepson, daughter or stepdaughter who has not attained the age of 25 and is claimed as a dependent on the employee's tax return. Yes No

If you have retired from CMC within the past five years, are you currently employed by another employer? Yes No NA

If yes, where? _____

Part Two: (To be completed by Student)

Name of Student: _____ For Academic Period: _____
 GPA (A=4.0): _____ Anticipated Year of Graduation: _____ Student I.D. Number _____ Date of Birth: _____
 Name of the institution you attend: _____
 Billing address of the institution you attend: _____

The following documents must be submitted with this application for Tuition Remission to Human Resources:

1. Complete academic transcript (fall semester) or grade report (spring semester or winter/spring quarter) from the last high school or college attended.
2. Official billing statement from the college you will be attending.

Signature of Employee **Date** **Signature of Student Applicant** **Date**

Part Three: (To be completed by Human Resources) Period Covered by Scholarship: Fall ___ Winter ___ Spring ___

Attending institution's tuition: \$ _____ Semester/Quarter
 One-half attending institution's tuition: \$ _____ Per Semester/Quarter
 One half-CMC tuition: \$ _____ Per Semester
 Fall _____ Winter _____ Spring _____

History of CMC scholarship: Academic Year _____ Amount \$ _____
 Academic Year _____ Amount \$ _____
 Academic Year _____ Amount \$ _____
 Academic Year _____ Amount \$ _____

Remaining semesters/quarters of eligibility for: Student: _____ Employee: _____

Approval: _____
Signature of Director of Human Resources **Date**