FORT HAYS STATE UNIVERSITY
Forward thinking. World ready.

TUITION ASSISTANCE PROGRAM
DEPENDENT APPLICATION

Important note: Tuition assistance will cover the in-state on-campus tuition rate only.

EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Initial	Employee ID

STUDENT INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Initial	Date of Birth

Fall _____   *Intersession & Spring* _____   *Summer* _____
Year   Year   Year   Telephone Number (Day)

(Intersession and Spring classes are counted as one semester)

SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER

PROGRAM GUIDELINES

Dependent –an unmarried natural child, adopted child, stepchild or legal ward of an eligible employee under the age of 25 on the first official day of classes of the applicable term. The dependent may be claimed as a dependent of the employee for income tax purposes based on IRS guidelines. In the case of a legal separation or divorce, a natural or adopted child or legal ward may participate regardless of which parent declares the child as a dependent for income tax purposes. In addition, the dependent must be a high school graduate.

Select One:

☐ The dependent is listed on my last federal income tax return. Attached is a copy of the front page of my federal income tax return.

☐ The dependent is not listed on my last federal income tax return. Although he/she was eligible to be claimed as a dependent, I chose not to because of his/her income.

☐ The dependent is not listed on my last federal income tax return because he/she is listed on the other parent's tax return.

APPLICATION DEADLINES	
Fall Semester	First Friday in August at 4:30 pm
Intersession/Spring Semester	First Friday in December at 4:30 pm
Summer Semester	First Friday in May at 4:30 pm

Return completed form to:

FHSU Human Resource Office ~ Sheridan Hall Room 112 ~ 600 Park Street ~ Hays, KS 67601 ~ Office: (785) 628-4462 ~ Fax: (785) 628-4006

AFFIRMATION

I affirm that the facts set forth above in my application for tuition assistance are true, correct and complete to the best of my knowledge. I certify that this dependent meets the qualifications as defined above. I understand that I may be required to submit information not requested on this form; that Fort Hays State University may verify any information provided by me in this process. I understand that falsifying information on this application may result in loss of the benefit and possible termination of employment.

Employee Signature	Date	Telephone Number (Day)
DIGITAL SIGNATURE NOT ACCEPTED		

VERIFICATION OF EMPLOYMENT   HR OFFICE USE ONLY

This is to certify that the employee named above is employed in at least a fifty (50) percent FTE budgeted position and meets the length of service requirements to qualify for tuition assistance. This is in accordance with policies and provisions approved by the Kansas Board of Regents.

HR Director	Date	FTE %

PROGRAM GUIDELINES & ELIGIBILITY

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• Dependent student must be admitted to the University and degree seeking. The benefit is limited to the dependent's first bachelor's degree.

• A maximum of 12 undergraduate credit hours per semester is covered for fall, intersession/spring and 9 undergraduate credit hours in the summer.

• On-campus and FHSU Online credit hours are included. Maximum allowed per benefit is in-state on-campus tuition for undergraduate courses.

• A 2.0 minimum FHSU undergraduate GPA must be maintained.

• Non-credit workshops, community education, and concurrent enrollment courses are not included.

• A qualifying dependent is eligible for tuition assistance when the employee becomes eligible.

• Dependents of part-time employees will receive maximum tuition reduction commensurate with the level of FTE (i.e., the dependent of a .5 FTE employee will receive up to 50% in tuition assistance.)