

FORT HAYS TECH NORHWEST 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 Nar	ne	Mie	ddle Initial	Employee ID	
STUDENT INFOR	MATION (PLEASE PRINT)						
Last Name		First Name			Middle Initial	Date of Birth	
Fall Year	Intersession & Spring	Year	Summer	Year	_	Telephone Number (Day)	
	(Intersession and S	Spring classes are o	counted as one seme	ster)			
SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER			ASSISTANCE	ASSISTANCE APPLIES TO FHSU COURSES ONLY			

PROGRAM GUIDELINES (continued on following page)

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 <u>not</u> 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 ~ Hays, KS 67601 ~ Office: (785) 628-4462 ~ Email: m_green4@fhsu.edu

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 DIGITAL SIGNATURE NOT ACCEPTED Date

Telephone Number (Day)

OFFICE USE ONLY

VERIFICATION OF EMPLOYMENT

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.

Vice President of Operations

Date

FTE %

Fort Hays State University reserves the right to modify, adjust or eliminate this program as determined by the President. Fort Hays State University will complete a yearly analysis of this program and provide the same to the Kansas Board of Regents. Revision 10/2024