

FOUNDATION TUITION ASSISTANCE PROGRAM DEPENDENT APPLICATION

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

EMPLOYEE INFOR	RMATION (PLEASE PRINT)						
Last Name	F	First Name	Middle Initial	Employee ID			
STUDENT INFORM	MATION (PLEASE PRINT)						
Last Name		First Name	Middle	e Date of Birth			
	Intersession		Initial				
Fall	& Spring	Sumr					
Year	Yea		Year	Telephone Number (Day)			
	(Intersession and Spring cla		ne semester)				
SEPARATE APPLICATION	N REQUIRED FOR EACH SEMES	STER					
PROGRAM GUIDE	LINES (continued on fo	llowing page)				
purposes based on IR	S guidelines. In the case of a of which parent declares the	legal separation	n or divorce, a natural or add	ent of the employee for income tax opted child or legal ward may ses. In addition, the dependent			
	listed on my last federal incom	e tax return. Attac	ched is a copy of the front pag	ge of my federal income tax return.			
	not listed on my last federal incuse of his/her income.	come tax return. A	Although he/she was eligible to	o be claimed as a dependent, I			
The dependent is	not listed on my last federal in	come tax return b	ecause he/she is listed on the	other parent's tax return.			
		APPLICATION DEADLINES					
	Fall Semester	First F	Friday in August at 4:30 pm				
	Intersession/Spring Se		riday in December at 4:30 pn	n			
	Summer Semester	First F	Friday in May at 4:30 pm				
Return completed for FHSU Foundation ~1 Tig	orm to: er Place ~ Hays, KS 67601 ~ Of	fice: (785) 628-570°	1 ~ Email: <u>ladougherty@fhsu.e</u>	<u>du</u>			
AFFIRMATION							
dependent meets the quali	ifications as defined above. I under any information provided by me in	erstand that I may b	e required to submit information	ne best of my knowledge. I certify that this not requested on this form; that Fort Hays on this application may result in loss of the			
Employee Signature DIGITAL SIGNATURE NOT ACCEPTED			Date	Telephone Number (Day)			
VERIFICATION OF	EMPLOYMENT			OFFICE USE ONLY			
This is to certify that the en	nployee named above is employed tuition assistance. This is in accord			and meets the length of service			
	ndation signee	Date	FTE %				