

semester that the termination occurred.

Office of Financial Aid regarding my employment status.

fringe benefit to the employee.

## Office of Financial Aid

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

| Student Name (Last, First)  |   | Student ID Number   |
|---|---|---|
| 2024-2025 Employee Dependent/Spouse/Domestic Partner Tuition Waiver Benefit Form  |   |   |
| As a benefit to your full-time (full-time is classified as a minimum of ¾ time or 1,560 hours per year) employment at Stephens College, your dependent, spouse, or domestic partner may be eligible to have their tuition waived up to 100% for courses taken at the College. Before Stephens College can provide any tuition waiver benefits, we require confirmation of your employment status each term. |   |   |
| Section A: To be completed by Stephens College employee   |   |   |
| Name of Employee  |   |   |
| Employee's Date of Birth  |   |   |
| Student's Degree/Academic Program   |   |   |
| Term Seeking Benefit  |   |   |
| <ul> <li>space in the course(s) requeste</li> <li>Tuition is waived at 100% for fu with enrollment are the sole res miscellaneous expenses.</li> <li>Students are required to submit receive federal or state financia aid received.</li> <li>Full-time dependent students mbe charged and a payment is restudents may receive the tuition.</li> <li>The employee must remain employee</li> </ul>           | on requirements at the time of application d.  Il-time students and 80% for part-time stu ponsibility of the employee. This includes application materials for federal and state I aid, the amount awarded will replace the ust live on campus and have a meal plan | fees, lab expenses, books, and other e aid (FAFSA). Should the student e tuition waiver up to the amount of other a. All room, board, and incidental fees will full-time equivalent enrollment. bendent is enrolled in classes. |

After you have completed Section A, please send to People Operations for further processing ONLY AFTER your student/spouse/domestic partner has registered for courses for the term you are seeking the benefit.

I understand the above and grant permission to People Operations to provide the information requested below to the

If an employee retires, becomes permanently disabled, or dies and their dependent has not yet matriculated, the dependent may receive a tuition waiver. Provided that enrollment occurs within five (5) years of the employee's

All tuition waivers are subject to the tax laws applicable at the time of the waiver. This benefit may be taxable

documented retirement. Subsequent dependents may not receive the waiver.

| Section B: To be completed by Stephens College People Operations   |  |  |
|--|--|--|
| Is the employee named above actively employed in a full-time position?                                     |  |  |
| Employee Hire Date   |  |  |
| Is the employee named above eligible for the benefit?  |  |  |
| The Stephens College Office of Financial Aid reserves the return the validity of the information provided. | ight to require additional documentation and/or confirmation of                        |  |
| I certify that all the above information is accurate to the bes  | t of my knowledge as of this date.   |  |
| Print name and title at Stephens College   | Telephone Number   |  |
| Signature  | Date   |  |
| FOR OFFICE OF FIN  | ANCIAL AID USE ONLY  |  |
| federal, state, and institutional gift aid. Amount remaining w   | —do not include fees) charge in PowerCampus. Subtract all ill be the ITFACSTTW amount. |  |