

## 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
2023-2024 Employee Dependent/Spouse/Domestic Partner Tuition Waiver Benefit Form		
Stephens College, your dependent, spo	classified as a minimum of ¾ time or 1,5 use, or domestic partner may be eligible stephens College can provide any tuitio	
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) requestes</li> <li>Tuition is waived at 100% for furth with enrollment are the sole results miscellaneous expenses.</li> <li>Students are required to submit receive federal or state financial aid received.</li> <li>Full-time dependent students must be charged and a payment is resulted.</li> <li>Students may receive the tuition.</li> <li>The employee must remain employee resigns or is term semester that the termination or expenses.</li> </ul>	on requirements at the time of application of.  Il-time students and 80% for part-time stuponsibility of the employee. This includes application materials for federal and stated aid, the amount awarded will replace the federal of campus and have a meal plant equired.  In waiver for up to eight (8) semesters of federal and stated aid, the amount awarded will replace the equired.  In waiver for up to eight (8) semesters of federal and stated for any reason, the tuition waiver	s fees, lab expenses, books, and other te aid (FAFSA). Should the student to tuition waiver up to the amount of other to. All room, board, and incidental fees will continue equivalent enrollment. Deendent 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.

Date

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

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

documented retirement. Subsequent dependents may not receive the waiver.

fringe benefit to the employee.

**Employee Signature** 

Office of Financial Aid regarding my employment status.

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 r 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 best	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.	