

HAMILTON COLLEGE

Application for Tuition Grant for Dependent Children

Information and instructions:

- Read the policy (www.hamilton.edu/human-resources/benefits/tuition-grant-program-for-dependent-children) and complete all sections of this form.
- Attach an itemized bill from the eligible educational institution for the term that will be covered by the Tuition Grant.
- Submit this form and the itemized bill to Human Resources.
- Hamilton College will mail a check to the eligible educational institution within 3 weeks of receipt of a properly completed application and supporting documentation that satisfies the applicable requirements of the policy. You are responsible for ensuring that this application and the supporting documentation are submitted in time to meet the deadline for payment at the eligible educational institution. You are encouraged to submit your application as soon as a tuition bill is received.
- You will receive confirmation of the date and amount of the payment as soon as it is processed.
- If you have any questions, please contact Samantha Campione in Human Resources (scampion, ext. 4042).

Eligible Employee Information

Last name	First name	Date of hire (month/year)
<input type="checkbox"/> Faculty <input type="checkbox"/> Administrative <input type="checkbox"/> Staff <input type="checkbox"/> M&O		

Eligible Dependent Child Information

(Information in this section relates to your eligible dependent child who satisfies the requirements of the policy)

Last name of dependent child	First name of dependent child	Marital status
Date of birth (month/day/year)	Age	Student ID Number
The dependent child named above is my dependent under the Internal Revenue Code and is (check one): <input type="checkbox"/> my biological child <input type="checkbox"/> my legally adopted child <input type="checkbox"/> my stepchild <input type="checkbox"/> my eligible foster child <input type="checkbox"/> the biological child, legally adopted child, stepchild, or eligible foster child of my registered domestic partner (under current IRS regulations benefits paid to such a child would be taxable to you, unless such child also qualifies as your eligible dependent for federal income tax purposes)		
Name of undergraduate eligible educational institution attending <input type="checkbox"/> Hamilton <input type="checkbox"/> Other: _____		
Term <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> semester <input type="checkbox"/> trimester <input type="checkbox"/> quarter	Year	Institution Mailing Address (if not provided on itemized bill) _____ _____ _____
Expected Graduation Date (month/year)		

By making this application, I certify that I have read all of the conditions for participation in the Tuition Grant Program for Dependent Children ("Program") that are specified in the applicable policy listed above ("Policy"), and that the eligible dependent child named on this application satisfies all of the applicable eligibility rules as defined under the Policy. I certify that the child named on this application qualifies as my dependent child for federal income tax purposes or qualifies as the dependent child of my eligible domestic partner for federal income tax purposes, and I agree that I will provide any information and/or documents that Hamilton College may determine, in its sole discretion, to be appropriate to verify such qualification (including, but not limited to, copies of applicable tax returns). I will comply with all of the rules and procedures set forth in the Policy. I certify that I have not made any false statement, misrepresentation or factual error in this application, and that all rules, requirements, and procedures of the Policy have been and will continue to be satisfied. I hereby agree and acknowledge that if the certification in the preceding sentence is erroneous in any respect, I: (1) will repay immediately to Hamilton College on demand any amounts advanced pursuant to this application; (2) will consent to any other action that Hamilton College considers necessary or appropriate to recover or recoup any Tuition Grant made on my behalf that should not have been made under the terms of the Program; (3) will forfeit the right to receive any future Tuition Grants; and (4) could be subject to disciplinary action by Hamilton College and/or could have my employment with Hamilton College terminated.

Employee Signature:	Date
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