

Tuition Remission Grant Request For Study Outside Rider University



Please submit a copy of the Financial Aid award letter (once per academic year) and two copies of the semester bill for approval. Allow 5-7 working days for check.

<i>employee information</i>	_____ <i>name</i> Social Security # _____ I work at <input type="checkbox"/> Lawrenceville <input type="checkbox"/> Westminster (Please check one)	<i>employee group:</i> <input type="checkbox"/> Faculty <input type="checkbox"/> Administrative <input type="checkbox"/> Non-Barg Support	_____ <i>date of hire</i> (mm/dd/yyyy) <i>phone ext.:</i> _____
-----------------------------	--	--	---

<i>student information</i>	_____ <i>name</i> Social Security # _____ this is a <input type="checkbox"/> First Request <input type="checkbox"/> Continuing Request # semesters/trimesters completed _____	Student must be a child of an eligible employee and must be under the age of 24 for an external remission grant. _____ <i>birthdate of student</i>	<i>per IRS student is</i> <input type="checkbox"/> Dependent <input type="checkbox"/> Non-dependent <i>(taxable benefit)</i> Does the student live in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------	--	--	---

<i>term information</i>	student will attend what school? _____ <i>term (please check one):</i> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> other _____ year _____ Trimester schedule? ___yes	<i>load:</i> External grants are not available for part-time study. Please write "YES" below to confirm the student will carry a full load: _____	<i>level:</i> External grants are not available for graduate study. Please write "YES" below to confirm the student will do undergraduate study: _____
-------------------------	---	---	--

<i>employee certification</i>	I certify that all statements made on this application are true and factual. I agree to inform the Benefits Manager of any changes that occur in the information provided. _____ <i>signature of employee</i> _____ <i>date</i>
-------------------------------	---

<i>Human Resources certification</i>	Gross tuition charges \$ _____ less other grant(s) of \$ _____ Total eligible amount \$ _____ Total Rider grant \$ _____ _____ <i>Human Resources approval</i> _____ <i>date</i>
--------------------------------------	---

distribution:

Disbursements

HRIS

Employee