

**2009-2010 Tuition Cash Grant Program
Application Form**

This application pertains to the dependent children of faculty and exempt staff members who meet all requirements stated in the **Tuition Cash Grant Program Fact Sheet**. Please complete **both** sides of the form. Processing instructions are provided on the reverse.

Please check one: Original application Renewal application

Faculty/Exempt Staff Member Information:

Name: _____ LIN or Social Security Number: _____

Campus Department and Address: _____

Campus Telephone Number: _____ E-mail Address: _____

Title and Rank/Level: _____ Date of Eligible Service: _____

My signature below indicates that the child listed is my dependent and meets the terms and conditions described below and that I have read and understand the information contained in the Tuition Cash Grant Program 2009-2010 Fact Sheet. I agree that I will repay to Lehigh University all ineligible tuition awards that are paid on behalf of my child.

Signature: _____ Date: _____

Dependent Child Information:

The Tuition Cash Grant program is governed by the terms and conditions detailed in the Internal Revenue Code [Section 117(d)]. Under this section of the Code, and after all related cross-references, the term “dependent child” applies to:

- Natural sons and daughters
- Adopted sons and daughters
- Step-sons and step-daughters,

of the faculty or exempt staff member who are their “dependents” as defined under other sections of the Code.

The Tuition Cash Grant is also available, on a fully taxable basis, to the step-sons and step-daughters of faculty or exempt staff members who have declared a domestic partnership with a partner of the same sex.

The child must be an unmarried dependent of the faculty or exempt staff member who is attending college on a full time basis. If the child is under the age of 24, s/he must be claimed as a dependent on the federal tax return of the faculty or exempt staff member or the child’s custodial parent. If the child will be age 24 or older at the end of 2009, the child must be a full time student who is residing with and supported by his/her parents.

If there has been a break in the child’s dependency status for benefits, a “Statement of Dependency” form must be submitted with a certified transcript of the student’s and parent’s income tax returns.

In addition to meeting the dependency requirements, the child must be matriculated before age 30.

Dependent’s Name: _____ Relationship: _____

Birth date: _____ Social Security Number: _____ Student ID: _____

Receiving Institution Information:

Only regionally accredited, degree-granting institutions are covered. The school must be accredited by Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, Western Association of Schools and Colleges, or an equivalent accrediting body for colleges or universities located outside the United States.

In addition, the dependent child must be enrolled in a program of study that leads to an associate's degree or a bachelor's degree.

Name of Institution: _____

Address (please also indicate department and individual to whom payment should be sent):

Email Address: _____

Telephone Number: _____ Fax Number: _____

Degree Program: Associate's Degree Bachelor's Degree

Academic Calendar: Semester Trimester Quarter

Please check one (if eligible for): On-campus room and board Off-campus room and board*

*Please indicate the amount of the off-campus room and board allowance at the receiving institution and attach supporting documentation: \$_____

Please indicate any special circumstances or instructions:

Please forward the completed application to:

Lehigh University
Human Resources
428 Brodhead Avenue
Bethlehem, PA 18015

An invoice from the receiving institution is required before payment can be made. Send a copy of the invoice to Human Resources as soon as it is received. Payment will be mailed to the receiving institution via U.S. Postal Service approximately one to two weeks after the invoice is received in Human Resources.

If you have any questions, please contact Alice Sikorski at (610) 758-2789 or ams404@lehigh.edu.