The spouse and/or dependent child (children) of an eligible employee shall be eligible to receive a tuition reduction benefit if admitted to the College and enrolled in a degree program. Eligible employees are faculty (tenured and tenure-track), all exempt and non-temporary state classified employees of 50% time or greater.

The dependent child is defined as a natural, step, adopted or foster child under the age of 24 who is considered to be a “dependent” for Federal Income Tax purposes and who resides in the employee’s household.

Students must be enrolled in a minimum of 6 credit hours per term in order to qualify for this award.

**AMOUNT OF AWARD**

The award is twenty-five percent (25%) of the student’s share of in-state tuition for regular on-campus courses.

**APPLICATION PROCEDURE**

1. The application must be completed and signed by the qualified Fort Lewis College employee and the applicant.
2. Completed application should be presented to the Office of Human Resources (Berndt Hall, 210) for eligibility verification.
3. Once eligibility is verified, the application should be brought to the Office of Financial Aid (Miller Student Services, 101).

A new application is required each year. An award year is defined as the period from July 1st through June 30th.

**NOTIFICATION**

The Office of Financial Aid will usually make a decision within two weeks after receiving the completed application. The Office of Financial Aid will notify the applicant of the decision in writing.

The applicant will be contacted if additional information is required. Any questions pertaining to the Fort Lewis College Tuition Reduction Benefit Program should be directed to the Office of Financial Aid, 101 Miller Student Center (970-247-7142).
Fort Lewis College
Tuition Reduction Application

I. Qualifying Employee
Name
ID or Social Security Number Phone Number
Permanent Address
City, State, Zip

II. Applicant
☐ Spouse or ☐ Dependent Child
Name
ID or Social Security Number
Phone Number (if different from above)

III. Term(s) Attending
**You must indicate academic year (AY)** Number of Credit Hours
☐ Fall AY____ Only
☐ Fall AY____ & Spring AY____
☐ Spring AY____ Only
☐ Summer AY____

IV. Agreement and Signature(s) - We agree to inform the Office of Financial Aid of any changes to the information provided in Section III above pertaining to anticipated enrollment plans and we affirm, by our signatures below, that the information provided on this application is current and accurate.

Qualifying FLC Employee Signature Date Dependent/Spouse Signature Date

Human Resources Approval of Eligibility: ______________________ Date: ____________

OFFICE of FINANCIAL AID USE ONLY:
____ RAAAREQ ____ SPAPERS ____ SOAFOLK ____ NBAJOBS ____ SFAREGF ____ SGASTDN ____ SHATERM
____ RZASAPH
____ RPAARSC ____ RPAAWRD ____ EMAIL ____ LETTER