



Tuition Grant Program Application

(PLEASE PRINT and email to benefits@swarthmore.edu)

Employee Information	
Your Name:	Date of Hire:
One Card ID#:	Department/Position:
Home Address:	
Have you been employed by the College less than five years, but were eligible for a dependent child tuition program with your previous employer at the time you accepted employment with Swarthmore College? ☐ Yes ☐ No If Yes, please list previous employer and provide official documentation from your prior employer of your eligibility :	
Have you previously received a Tuition Grant from Swarthmore College? ☐ Yes ☐ No If yes, indicate the academic years and number of semesters: _____	
Dependent Information	
Your dependent is your legal tax dependent child or stepchild who is a full-time undergraduate student at an accredited college, university, junior college or post-secondary accredited technical school.	
Child's Name:	Student ID # _____
Child's Address:	Date of Birth: _____
	Relationship to Employee: _____
Academic Information – the school must be an accredited institution	
Type of School: ☐ College/University ☐ Junior/Community College ☐ Technical School	
Type of term attending: ☐ Semester ☐ Trimester ☐ Quarter	
Name of Institution Attending:	Telephone #:
Address of Institution:	
<i>You must attach a copy of the academic institution's invoice to complete this application for a Tuition Grant from Swarthmore College. Funds provided from the Tuition Grant Program may only be used toward the cost of tuition and fees (not room, board or books) for undergraduate studies and are sent directly to the institution. Additional information may be requested for grant determination.</i>	
My signature below acknowledges that I have read and understand the Tuition Grant Program Description at https://www.swarthmore.edu/human-resources/tuition-grant-program to determine my eligibility, service credit, grant award, taxability of the tuition payment, and the application procedures.	
Employee Signature: _____ Date: ____/____/____	
Human Resources Use Only	
Fund: 12000 Org: _____ Account: _____	
This employee is: ☐ full time ☐ part time This employee has 5 or more years of continuous*service: ☐ Yes ☐ No	
_____: The dependent qualifies for the following Tuition Grant Amount: \$ _____ Approved by: _____ Date: _____	
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