



Tuition Grant Program Application

Employee Information

Name: _____

Address: _____

Date of Hire: _____ Department & Position: _____

Have you been employed by the College less than five years, but were eligible for a similar 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 the amount:

Dependent Information

Your dependent is your legal dependent child or stepchild who is a full-time undergraduate student at an accredited college, university, junior college or post-secondary accredited technical school.

Name: _____

Address: _____

Date of Birth: _____ Student ID#: _____

Relationship to Employee: _____

Have you previously received a Tuition Grant from Swarthmore College? Yes No

If yes, indicate the academic years and number of semesters: _____

Academic Information

Name of Institution Attending: _____ Telephone #: _____

Address: _____

Please check the appropriate box:

College/University

Junior College

Technical School

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 for undergraduate studies and are sent directly to the institution. It does not include expenses for room and board or books.

Human Resources Use Only

This employee is: full time part time

This employee has 5 or more years of continuous service: Yes No

Fund: 12000 Org: _____ Account: _____

FALL SEMESTER The dependent qualifies for the following Tuition Grant Amount: _____

Approved by: _____ Date: _____

WINTER SEMESTER: The dependent qualifies for the following Tuition Grant Amount: _____

Approved by: _____ Date: _____

SPRING SEMESTER: The dependent qualifies for the following Tuition Grant Amount: _____

Approved by: _____ Date: _____