



## Career & Community Studies Dependent Tuition Waiver Application

**Instructions:** Complete this form and present in person to the Office of Human Resources, along with the required proof of familial relationship and dependency, as detailed in the Career & Community Studies Dependent Tuition Waiver Program Guidelines.

(<http://www.tcnj.edu/~hr/benefits/tuition/DependentTuitionWaiverProgramGuidelines.htm>).

Employee Name

Employee ID #

6 digit Number Found  
on Check or in YESS

Dependent Name

Dependent's Date of Birth

FAFSA Completed:

☐ Yes ☐ No

Enrolled as Undergraduate:

☐ Yes ☐ No

Academic Year

Semester

I certify that the information presented in and with this application is accurate and understand that falsification of documentation or representation will result in disciplinary action.

Employee Signature

Date

I understand that by signing this application, I authorize release of information related to my academic progress, financial aid awards, and tuition waiver amounts to the above signed employee.

Dependent Child Signature

Date

Eligibility: ☐ Yes ☐ No

If No, specify

### Office of Human Resources Use Only

☐ NJ Resident

Employee FTE

Tuition Waiver %

Authorized by

Date

### Career & Community Studies Program

Acct Code 22-03-1200-E1232-58300

Authorized by

Date

Eligibility: ☐ Yes ☐ No

If No, specify

### Office of Student Financial Services Use Only

Tuition Waiver Amount

# of Credits

Authorized by

Date