

Colorado College  
**EDUCATION ASSISTANCE PROGRAM APPLICATION**

**SECTION 1 - EMPLOYEE ELIGIBILITY VERIFICATION**

Name	Social Security # / /	Date of Employment / /
Department	Extension	Position
Yrs. Full Time Service at CC		
Active Employee <input type="checkbox"/>	Retiree <input type="checkbox"/>	On disability <input type="checkbox"/>
<b>Full-time Service at Another College/University</b>		
College/University	Previous Service	Total Service

Have you previously applied for or participated in the Education Assistance Program? Yes  No

**SECTION 2 - PARTICIPANT INFORMATION**

Dependent Name	Relationship	Social Security # / /
Date of Birth	Age	
Will this dependent be claimed as an exemption on your current tax return or if a child on your ex-spouses? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**\* PLEASE ATTACH A COPY OF YOUR MOST RECENT TAX RETURN\***

**TYPE OF TUITION REMISSION/ASSISTANCE (You may request more than one)**

**Colorado College - Tuition Remission**

4 years undergraduate study or 32 credit units for dependent children

4 blocks per year for spouse/retiree/disabled employee

MAT Program < Under IRS regulation Section 117 (d), graduate level tuition remission benefits must be reported as income and taxed appropriately.

**Colorado College - Summer Session Tuition remission**

Course Name:	No.	Dates:	# Units: _____
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**ACM Tuition Exchange**  
 ACM College/University \_\_\_\_\_

**Partial Tuition Assistance**  
 Non-ACM Accredited College/ University (Include address of institution) \_\_\_\_\_

**Student Account Number** \_\_\_\_\_  
 \*Benefit equal to \$1000 per year for a total of four years

**STUDENT STATUS**

Full-time       Transfer from \_\_\_\_\_

Part-time/Special       Degree Seeking      Degree/Major \_\_\_\_\_

Date Begin \_\_\_\_\_      Anticipated Graduation Date \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS:**

**BUDGET CODE:** \_\_\_\_\_ *(HR to enter)*

**APPROVED DIRECTOR OF HUMAN RESOURCES** \_\_\_\_\_ **DATE** \_\_\_\_\_