
**TUITION ASSISTANCE PROGRAM
APPLICATION FORM**

Name of Employee _____ Date _____

Department _____ Date of Hire /
Date of Appointment _____

Name of Student _____ Student Date of Birth _____

Institution Attending _____

Is this a Tuition Exchange school? YES NO Go to www.tuitionexchange.org to find out.

Expected Dates of Attendance _____

Tuition assistance at another institution (in the form of a cash grant) is available only to dependent under age 24.

nt, Tuition Assistance will then be available.

I, hereby, certify that this student is my legal dependent and under age 24. Additionally, I certify that this student has not previously completed the baccalaureate degree at Dickinson or at another institution.

I have read the College's Employee Handbook and understand the benefits and restrictions of this program.

Employee's Signature

PLEASE RETURN FORM TO HUMAN RESOURCE SERVICES FOR PROCESSING. THANK YOU.
