FRANCISCAN MISSIONARIES OF OUR LADY UNIVERSITY

Non-University FMOLHS Employee/Employee Dependent Tuition Discount Form

Employee Last Name, First, MI _____ Lawson # _____

(_____)_____-_____ Phone number

_____ FMOLHS Facility/Department

Student Last Name, First, MI (if employee is not the student) _____ Student ID# Initial _____

Semester for which you are requesting the discount: Fall Spring Summer Year ____

Required Documentation

Employee Tuition Discount

☐ Most recent pay stub

Dependent Tuition Discount

☐ For your child attach a copy of the birth certificate or proof of legal adoption

☐ For your stepchild attach a copy of your marriage certificate and a copy of the stepchild's birth certificate

Submit this form and the required documentation to the Financial Aid Office by one of the following methods. The priority deadline for submission is two weeks prior to the published tuition and fee payment deadline for the semester you have listed above.

Email: Financial.Aid@franu.edu

Employee/Dependent Attestation

I certify that I have read and understand the Non-University FMOLHS Employee/Employee Dependent Tuition Discount Policy and Procedure document and all eligibility criteria are met. I am aware the employee must submit proof of full-time employment each semester for continued receipt of the discount. I am also aware it is my responsibility to in-form the Financial Aid Office of any changes in eligibility status.

_____ _____/_____/_____

Employee Signature Date

_____ _____/_____/_____

Dependent Signature Date

For FAO Use Only

Date Submitted _____/_____/_____ 1st day of semester listed above _____/_____/_____ Emp

Hire Date _____/_____/_____ FT Emp ≥ 1 yr. as of 1st day of semester ☐ Yes ☐ No

Dep Verified ☐ Yes ☐ No Dep DOB _____/_____/_____ Dep <25 a/o 1st day ☐ Yes ☐ No

UG Prog _____ If Cont. Stud., in good standing ☐ Yes ☐ No

FAO Award Date _____/_____/_____ Counselor Init _____