

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 inform 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 \geq 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 stu, in good standing Yes No

FAO Award Date ____/____/____ Counselor Init _____