

Spelman College Tuition Wavier Application

Employee Information

Employee Name (Print Name):

SCID#:

Term: ☐ Spring ☐ Fall Academic Year: 20 20

Date of Hire:

This Tuition Waiver Application is submitted on behalf of: ☐ Self ☐ Son ☐ Daughter ☐ Ward

Dependent Information

Dependent Name (Print Name):

Student Identification Number:

Date of Birth:

This is: _____ 1st Time Applicant (certified birth certificate, adoption or court issued permanent guardianship paper must accompany application)

_____ Continuing Applicant

Institution Attending: ☐ Spelman College ☐ Clark Atlanta University ☐ Morehouse College

Employee Acknowledgement

I understand and agree to all terms of the Spelman College Tuition Waiver Policy and all items listed below:

1. I am a full-time employee with at least 12 months of continuous full-time service.
2. I understand that my son/daughter/ward must execute the Georgia Tuition Equalization Grant application within the specified time period. Additionally, my son/daughter/ward must complete any application or related process for the Hope Grant and/or Hope Scholarship, as may be applicable based on eligibility requirements.
3. I understand that the Spelman College policy regarding tuition and/or mandatory fee waiver and the application of the Georgia Tuition Equalization Grant, the Hope Scholarship, Spelman College Academic Scholarship or any other academic scholarship, and the Hope Grant or any combination thereof, as set forth under Georgia law (which may change), will govern the amount of the waiver.
4. I understand that if my employment terminates at any time for any reason during the semester year, this tuition and mandatory fee waiver for me and/or my dependents will be granted for the remainder of the semester, only.
5. I further understand that if this tuition and fee waiver is for me, I must gain the approval of my immediate supervisor prior to enrollment.
6. I understand that to utilize this benefit me, and/or my dependent must be in good academic standing.
7. I understand to utilize this benefit for myself and/or my dependent, I must be in satisfactory performance standing.

Supervisor's Name (Please Print)_____
Employee Signature_____
Supervisor's Signature (Employee Waiver Only)

Official Use Only

Human Resources Approval_____
Date_____
Robert D. Flanigan, Jr.
Vice President for Business & Financial Affairs & Treasurer_____
Date

Accepted by Corresponding Institution

Corresponding Institution Official Signature_____
Institution Name_____
Date