

TUITION ASSISTANCE APPLICATION FOR ELIGIBLE SUNY-ESF EMPLOYEES WITH DEPENDENTS MATRICULATED AT SYRACUSE UNIVERSITY

A dependent must be matriculated at Syracuse University and both you and your dependent must be eligible as determined by Syracuse University. Any waiver of full or partial tuition may be applied towards tuition charges only. Please complete, print, sign and return this application to the **SUNY-ESF Human Resources Office** for verification of employment eligibility by the appropriate deadline noted below.

DEADLINES FOR SUNY-ESF TUITION ASSISTANCE	First Application: November 15 for early decision applicants; February 1 for regular admission applicants. Renewal: March 1
SUNY-ESF EMPLOYEE INFORMATION	Name: _____ SSN: _____ Campus Department: _____ Home Address: _____ Home Phone: _____
STUDENT INFORMATION	Name: _____ SSN: _____ Date of Birth: _____ Date of Matriculation: _____
SEMESTERS REQUESTED	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ Expected graduation date: _____ Student status for requested period: <input type="checkbox"/> First year <input type="checkbox"/> Second year <input type="checkbox"/> Third year <input type="checkbox"/> Fourth year <input type="checkbox"/> Fifth year
SUNY-ESF EMPLOYEE CERTIFICATION OF DEPENDENT STATUS Submit copy of IRS Federal Tax Return with application	<p>I certify that:</p> <ol style="list-style-type: none"> This student is my dependent and will be claimed as a dependent by me on my IRS Federal Income Tax Return for the tax year in which the benefit is received or I have provided alternative documentation as required by Syracuse University; and This student is my (select one): <ul style="list-style-type: none"> <input type="checkbox"/> biological child; <input type="checkbox"/> child of my "Eligible Spouse" or "Eligible Same-Sex Domestic Partner" (as those quoted terms are defined by Syracuse University); <input type="checkbox"/> child for whom I have adopted or who has been placed with me for adoption, provided the adoption or placement has been in place for at least three years unless a special exception has been granted through Syracuse University; <input type="checkbox"/> child for whom I am the legal guardian or have legal custody provided, such legal arrangement has been in place for at least three years unless a special exception has been granted through Syracuse University; and This student will apply for the NYS Tuition Assistance Program (TAP) for this period or provide documentation showing they are ineligible to apply for NYS TAP as required by Syracuse University; and The information I have provided on this form is true to the best of my knowledge and I understand that misrepresentation of any statement on this form is cause for cancellation of the tuition assistance afforded by Syracuse University. As a condition of receiving a tuition waiver from Syracuse University, I agree to comply with all applicable requirements as as specified by Syracuse University. <p>SUNY-ESF Employee Signature: _____ Date: _____</p> <p>Please submit a copy of the first two pages of your latest signed Federal Tax Return along with this application. This documentation is required for proof of dependency.</p>

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<p>EMPLOYMENT VERIFICATION</p> <p>SUNY-ESF Human Resources Section</p>	<p>I certify that the above employee is currently either:</p> <ol style="list-style-type: none"> 1. A SUNY-ESF staff employee who is not a member of the SUNY ESF faculty, and who is regularly scheduled to work either at least 37.5 hours per week for at least 8.5 months during SUNY ESF's academic year, or at least 20 hours per week for 12 months during SUNY ESF's fiscal year; has been determined as being eligible for benefits by SUNY ESF; was hired prior to September 1, 2010; and has completed the equivalent of a minimum of three years of continuous full-time employment; or 2. A SUNY-ESF faculty a member who has a full-time tenured or tenure-track appointment or otherwise has a single appointment to teach at least five three-credit hour courses (or the equivalent) in a single academic unit for two or more consecutive academic years (excluding summer sessions); has been determined as being eligible for benefits by SUNY ESF; was hired prior to September 1, 2010; and has completed the equivalent of a minimum of three years of continuous full-time employment; or 3. A SUNY-ESF benefits eligible staff employee or faculty member who was hired prior to September 1, 2010 and has retired,died, or is on "long-term disability" (as that quoted term is defined by Syracuse University). <p>SUNY-ESF Authorized Signature: _____ Date:_____</p>
<p>ELIGIBILITY CERTIFICATION</p> <p>Syracuse University Human Resources Section</p>	<p>I certify that the eligibility criteria for both the employee and student have been verified.</p> <p><input type="checkbox"/> Dependent Tuition Benefit is APPROVED</p> <p><input type="checkbox"/> Dependent Tuition Benefit is DENIED</p> <p>_____</p> <p>Syracuse University Office of Human Resources Date</p> <p>If denied, reason(s) for denial:_____</p> <p>_____</p>