



ALMA COLLEGE

TUITION BENEFIT APPLICATION

Please consult the policy for details regarding tuition grants

Date _____

Academic Year _____ New Student _____ Returning Student _____ Transfer Student _____

Term(s) for grant: (check all that apply) Fall _____ Winter _____ Spring* _____ Summer* _____

*(*Please notify the Financial Aid Office to confirm spring / summer term enrollment to ensure accurate billing.)*

Employee _____ Date of Hire _____ Department _____

Student's Name _____ Student ID# _____

Relationship to employee _____

Student will be enrolled: Full Time _____ Part Time _____ Special _____

Full Time Students

Applied for Admission Yes _____ No _____

The college encourages employees and/or their families to submit the Free Application for Federal Student Aid (FAFSA) by the reported deadline before the first year of enrollment. Since the Alma aid is limited to the cost of tuition, the only way to receive additional grants from State or Federal sources, or have access to a variety of loan programs, is to file the FAFSA on time each year. If you have questions, please contact the Financial Aid Office: 463-7347.

Employee Course

Course Number	Course Name	Date Course Starts
_____	_____	_____
_____	_____	_____

An Employee is limited to ONE CLASS PER TERM which meets during working hours. Please list arrangements and schedules made for job coverage in this instance.

Supervisors Signature for class taken during working hours: _____

Employee Signature _____

Director of Human Resources Signature _____

For H.R. Use Only: Current Credit Hours _____ Transfer Credits _____ Alma Credits _____ Approved for _____ additional credits