

Instructions: Submit to Human Resources at least two weeks prior to the beginning of the term. **Employees must re-apply each academic year.** This benefit does NOT apply to the BUILD Program, M.A. Counseling, M.S. in Physician Assistant or Nurse-Midwifery tuition, cost of private instruction, music lessons, tuition for non-credit special programs and workshops, fees associated with independent studies, activity and other special fees. **Dependent children enrolled in graduate programs are not eligible for tuition benefit.** For a complete description of the Employee Tuition Benefit, including summer school and internships, see the Employee Handbook (<https://confluence.bethel.edu/pages/viewpage.action?pageId=10944541>). **Please notify financial aid if student's enrollment level changes.**

Part A (All employees must complete)

Name of Employee: _____ Employee ID# (required): _____

Supervisor's Authorization:

Note: Supervisor/Department Head's Approval is required *only* if student is the eligible employee. Signature is NOT required when student is the spouse or dependent child of the eligible employee. Provost or dean signs for faculty.

Approved by _____ Date _____

Part B All employees must complete – incomplete forms will be returned without processing

Name of Student: _____ Student Bethel ID# (required): _____

Student's relationship to employee (check one): Self (employee) Self (retiree) Spouse* Dependent child

[*Will spouse receive tuition assistance from her/his employer? Yes No

If yes, list employer's name _____ and the amount of the tuition assistance per term _____.]

Intended Degree: None Licensure Certificate Associate Bachelor Master (type _____) Ed.D/DMin

Tuition Classification (check one): Audit Rate Normal/Program Rate Post-BA Undergrad Rate

Enrollment Plans (select your school, and indicate the number of credits you will take each term):

College of Arts & Sciences (CAS):

Number of Credits: Fall 2019 _____ Interim 2020 _____ Spring 2020 _____ Summer 2020 _____

College of Adult & Professional Studies (CAPS):

Number of Credits: Fall 2019 _____ Spring 2020 _____ Summer 2020 _____

Graduate School (GS):

Number of Credits: Fall 2019 _____ Spring 2020 _____ Summer 2020 _____

Seminary:

Number of Credits: Fall 2019 _____ Interim 2020 _____ Spring 2020 _____ Summer 2020 _____

Part C (Complete Part C when benefit is for employee's dependent child; circle one option for each question)

- What is the student's relationship to employee? (circle one)
 - Natural or adopted son
 - Natural or adopted daughter
 - Stepson
 - Stepdaughter
 - Foster child
- Yes No** Did you claim your dependent child as an exemption on your 2017 Federal income tax return?
- Yes No** Does your dependent child have the same principal residence as you for more than half the year?
- Yes No** Is your dependent child a U.S. citizen?
- Yes No** Does your dependent child reside in the U.S.?
- Yes No** Did your dependent child provide more than half of her or his own support during the 2017 tax year?
- Yes No** Will your dependent child be under age 24 during calendar year 2019 AND 2020?
Please state your child's birth date: _____.
- Yes No** Is your dependent child currently married OR do you anticipate your child will be married during calendar year 2019 or 2020? If yes, please contact Human Resources for further information on eligibility.

Be sure to complete parts D and E! (on reverse)

Part D Is the student required to complete the FAFSA? (All employees must complete to determine if the FAFSA is required)

Part D1 (All employees must complete; circle one)

Yes No Is the student interested in Federal student loans?

If yes, please go straight to part D4; you are required to complete a FAFSA. If no, please continue to part D2.

Part D2 (Only employees who answered no to part D1 must complete; circle one option for each question)

Yes No Does the student have a Bachelor's degree?

Yes No Is the student enrolled in a graduate or seminary program?

Yes No Is the student auditing all classes?

If you answered yes to any of the 3 questions above, please go straight to part E; no FAFSA is required.

If you answered no to all 3 questions above, please continue to part D3.

Part D3 (Only employees who answered no to all questions in part D2 must complete this section. Please enter your family's data below.)

- _____ **Household Size** (total number of people in household, including parent[s] and all dependent children)
- _____ **Number of household members in college in 2019-2020** (if this form is for a dependent child, do not include a parent in school in this count—if this form is for yourself and/or spouse, include all students).
- \$_____ Please enter your 2017 "**Minimum Adjusted Gross Income (AGI)**" from the chart below (based on your household size and number in college listed above; for example, a dependent student in a household size of 5 with 1 in college would have an "Minimum AGI" of \$102,000).
- Yes No** (circle one) Is your household's **ACTUAL 2017 Adjusted Gross Income (AGI)** as reported on your federal tax return **greater than or equal to** your "**Minimum AGI**" (question 3 above)? Be sure to include both employee and spouse income in your calculation. **If yes, please go to part E; no FAFSA is required. If no, please go to part D4; you are required to complete a FAFSA.**

Minimum Adjusted Gross Income (AGI)								
Threshold Income	Recipient is Employees Child (dependent) # in College			Threshold Income	Recipient is Employee or Spouse # in College			
	Household Size	1 in College	2 in College		3 in College	Household Size	1 in College	2 in College
1	N/A	N/A	N/A	1	\$110,000	N/A	N/A	
2	\$ 85,000	\$ 111,000	N/A	2	\$105,000	\$140,000	N/A	
3	\$ 91,000	\$ 117,000	\$ 142,000	3	\$110,000	\$140,000	\$165,000	
4	\$ 96,000	\$ 122,000	\$ 148,000	4	\$120,000	\$145,000	\$175,000	
5	\$ 102,000	\$ 127,000	\$ 153,000	5	\$127,000	\$152,000	\$181,000	
6 or more	\$ 121,000	\$ 147,000	\$ 172,000	6 or more	\$155,000	\$180,000	\$205,000	

Part D4 – FAFSA REQUIRED*(Carefully read the information in this section and then continue to part E.)*

If you have been directed to Part D4 by your response to one of the questions above, **you must complete the 2019-20 FAFSA** as a requirement for receiving tuition benefit.

- Apply online at ***fafsa.gov***; Bethel’s FAFSA code is 002338. FAFSA due 30 days from the beginning of the semester (before 9/18/2019 –fall; 1/29/2020—spring; 6/24/2020— summer) for Minnesota State Grants (bethel.edu/undergrad/financial-aid/types/grants).

Part E*(All employees must complete.)*

Employee Signature: _____ **Date Signed:** _____

My signature indicates that all the information reported is true and complete

Submit all completed applications to the Office of Human Resources.

For Office Use Only:

<p>Office of Human Resources Is the employee eligible for tuition benefit for the full 2019-2020 academic year? <i>(Check one)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Year, Effective: _____ / _____ / _____</p> <p>Maximum tuition grant for Fall: _____ % Spring: _____ % Summer: _____ %</p> <p>Approved by _____ Date _____</p>	<p>Office of Financial Aid # Terms of eligibility used prior to this application: _____</p> <p>Tuition _____ x _____ % = Max Benefit _____ - Pell grant _____</p> <p>FA Staff person _____ - MN state grant _____ - Bethel Gift Aid _____</p> <p>Date _____ = TUIB _____</p>
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