Bethel University Tuition Benefit Request Form

2014-2015

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 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 (bethelnet.bethel.edu/hr/handbook/benefits#tb). **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 2014 _____ Interim 2015 _____ Spring 2015 _____ Summer 2015 _____

❑ College of Adult & Professional Studies (CAPS): Cohort _____ Start date _____
Number of Credits: Fall 2014 _____ Spring 2015 _____ Summer 2015 _____

❑ Graduate School (GS): Cohort _____ Start date _____
Number of Credits: Fall 2014 _____ Spring 2015_____ Summer 2015 _____

❑ Seminary: Location: ❑ St. Paul ❑ San Diego ❑ Seminary of the East.
Number of Credits: Fall 2014 _____ Interim 2015 _____ Spring 2015 _____ Summer 2015 _____

Part C

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

1. What is the student's relationship to employee? *(circle one)* • **Natural or adopted son** • **Natural or adopted daughter** • **Stepson** • **Stepdaughter** • **Foster child**
2. **Yes** **No** Did you claim your dependent child as an exemption on your 2013 Federal income tax return?
3. **Yes** **No** Does your dependent child have the same principal residence as you for more than half the year?
4. **Yes** **No** Is your dependent child a U.S. citizen?
5. **Yes** **No** Does your dependent child reside in the U.S.?
6. **Yes** **No** Did your dependent child provide more than half of her or his own support during the 2013 tax year?
7. **Yes** **No** Will your dependent child be under age 24 during calendar year 2014 **AND** 2015?
   Please state your child's birth date: _____.
8. **Yes** **No** Is your dependent child currently married **OR** do you anticipate your child will be married during calendar year 2014 or 2015? 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.)*

1. _____ **Household Size** (total number of people in household, including parent[s] and all dependent children)
2. _____ **Number of household members in college** in 2014-2015 (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).
3. $_____ Please enter your "**Minimum Adjusted Gross Income (AGI)**" from the chart on the right (based on your household size and number in college listed above; for example, a household size of 5 with 1 in college would have an "Minimum AGI" of $87,000).

"Minimum Adjusted Gross Income (AGI)"

Household Size	1 in College	2 in College	3 in College
1	$ 48,000	N/A	N/A
2	$ 71,000	$ 83,000	N/A
3	$ 75,000	$ 99,000	$ 117,000
4	$ 81,000	$ 105,000	$ 128,000
5	$ 87,000	$ 110,000	$ 134,000
6	$ 94,000	$ 117,000	$ 139,000
7	$ 99,000	$ 121,000	$ 143,000
8	$ 104,000	$ 127,000	$ 148,000
9	$ 108,000	$ 131,000	$ 152,000

4. **Yes** **No** *(circle one)* Is your household's ***ACTUAL* 2013 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.**

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 FAFSA** as a requirement for receiving tuition benefit. Students who are required to complete the FAFSA must complete the full financial aid process by submitting the following additional documents to the Office of Financial Aid:

- 2014-2015 FAFSA (apply online at **www.fafsa.gov**; Bethel's FAFSA code is 002338). FAFSA due 30 days from the beginning of the semester for Minnesota State Grants (cas.bethel.edu/financial-aid/types/grants/state)
- 2014-2015 Bethel University Financial Aid Application (available at **bethel.edu/offices/financial-aid/application**)

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.

Office Use Only

Office of Human Resources

Is the employee eligible for tuition benefit for the full 2014-2015 academic year? *(Check one)*

❑ **Yes** ❑ **No** ❑ **Partial Year,** Effective: _____/_____/_____

Maximum tuition grant _____ %

Approved by _____ Date_____

Office of Financial Aid

Terms of eligibility used prior to this application:_____

Tuition _____x_____ % = Max Benefit _____

- Pell grant _____

FA Staff person_____ - MN state grant _____

- Bethel Gift Aid _____

Date_____ = TUIB _____

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