Educational Assistance to Dependents
Application Form

For School Year: 20 _____ to 20 _____

Instructions:

1. Please complete all information requested on the application form in order to receive the reimbursement. If assistance is needed with more dependents, please submit their information on another form.
2. Attach a copy of the tuition bill/payment(s) made to the school along with the tuition and fee schedule and documentation of any funding from EdChoice or other governmental or other agency.
3. Sign and date application.
4. Bring or email the completed application and supporting documentation to the office of the Director of Finance and Administration.

Kettering College ("KC") Employee Information:

Last Name:_____ First Name:_____ MI:___ Badge#_____ Dept:_____

Are you employed by KC and fulfill 36-40 hours per week (72-80 hours per pay period) in a budgeted position(s) (≥0.90 FTE) and considered benefit eligible by KH HR policy?   ___Yes   ___No

Dependent #1 Information:

Student Name:_____ Age:____ Grade:____   ___Day or ___ Boarding School

School Name:_____ Registrar Name:_____

School Address:_____ City:_____ State:____ Zip Code: _____

Phone: _____ Number of Grading Terms:_____ Tuition Rate Per Term:_____

Dependent #2 Information: ___ N/A

Student Name:_____ Age:____ Grade:____   ___Day or ___ Boarding School

School Name:_____ Registrar Name:_____

School Address:_____ City:_____ State:____ Zip Code: _____

Phone: _____ Number of Grading Terms:_____ Tuition Rate Per Term:_____

Dependent #3 Information: ___ N/A

Student Name:_____ Age:____ Grade:____   ___Day or ___ Boarding School

School Name:_____ Registrar Name:_____

School Address:_____ City:_____ State:____ Zip Code: _____

Phone: _____ Number of Grading Terms:_____ Tuition Rate Per Term:_____

I have reviewed the applicable policy and confirm that I qualify under the guidelines provided.

_____   _____

Employee Signature   **Date**