

**TUITION REMISSION APPLICATION FORM**  
 Scholarship Plan for Dependent Children of  
 Faculty, Administration, and Staff

TO: Human Resources CLAREMONT McKENNA COLLEGE – 528 N. Mills Avenue., Claremont, CA 91711-4417

**Part One: (To be completed by Employee)**

Name of Employee: \_\_\_\_\_ Campus Extension: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Does the student for which tuition remission is being requested meet the IRS definition of a dependent? Per IRS code, a dependent is defined as a son, stepson, daughter or stepdaughter who has not attained the age of 25 and is claimed as a dependent on the employee's tax return. \_\_\_ Yes \_\_\_ No

If you have retired from CMC within the past five years, are you currently employed by another employer?  Yes  No  NA

If yes, where? \_\_\_\_\_

**Part Two: (To be completed by Student)**

Name of Student: \_\_\_\_\_ For Academic Period: \_\_\_\_\_  
 GPA (A=4.0): \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_ Student I.D. Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name of the institution you attend: \_\_\_\_\_  
 Billing address of the institution you attend: \_\_\_\_\_

**The following documents must be submitted with this application for Tuition Remission to Human Resources:**

1. Complete academic transcript (fall semester) or grade report (spring semester or winter/spring quarter) from the last high school or college attended.
2. Official billing statement from the college you will be attending.

Signature of Employee	Date	Signature of Student Applicant	Date
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**Part Three: (To be completed by Human Resources)** Period Covered by Scholarship: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_

Attending institution's tuition: \$ \_\_\_\_\_ Semester/Quarter

One-half attending institution's tuition: \$ \_\_\_\_\_ Per Semester/Quarter

One half-CMC tuition: \$ \_\_\_\_\_ Per Semester

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

History of CMC scholarship: Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Remaining semesters/quarters of eligibility for: Student: \_\_\_\_\_ Employee: \_\_\_\_\_

Approval: \_\_\_\_\_

<b>Signature of Director of Human Resources</b>	<b>Date</b>
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