



FACULTY/STAFF TUITION BENEFIT APPLICATION

This form must be completed **prior to each term** the applicant plans to attend. The applicant is responsible for completing and submitting this form in a timely fashion. The applicant's share of tuition and fees must be paid by the end of each term and refunds will not be made on credits that result from tuition benefit. Personnel in the Financial Services Office are not required to remind applicants of this obligation.

Student Section (please print)

Name: _____ Social Security Number: _____

Relationship: ____ Self ____ Spouse ____ Dependent (if so, date of birth) _____

Term of Application: ____ Fall ____ Spring ____ Summer Year: ____ Number of hours enrolled for above term year: _____

Course Name: _____ Course Number: _____ Section: _____

Signature of Applicant: _____ Date: _____

Employee Section (please print)

Employee's Name: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Human Resource Office Section

Percent of Full-Time Employment: _____ Human Resource Signature: _____ Date: _____

Financial Aid Office Section

Tuition for the term selected \$ _____

Less: NC NBS \$ _____

Pell Grant \$ _____

Other(s) specify \$ _____

Subtotal: \$ _____

Maximum tuition benefit (percent of full tuition for term)

_____ % of \$ _____ = \$ _____

Tuition benefit awarded (subtotal or maximum, whichever is less) \$ _____

Financial Aid Representative Signature: _____ Date: _____

College President Signature: _____ Date: _____