

**Marywood University**  
**Personnel Tuition Benefit Application**  
Due to HR annually by April 15 prior to Academic Year of Request

*To be completed by employee (complete one form for each student in your family):*

For Academic Year \_\_\_\_ - \_\_\_\_

Employee's Name \_\_\_\_\_

Employee's Title \_\_\_\_\_

Employee's Department \_\_\_\_\_

Employee's Status \_\_\_\_ FT \_\_\_\_ PT

Student's Name \_\_\_\_\_

Student's SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Student's Relationship to Employee: \_\_\_\_ Self \_\_\_\_ Spouse \_\_\_\_ Dependent Child

Student's Date of Birth \_\_/\_\_/\_\_\_\_

Number of credits student is expected to take in Academic Year: \_\_\_\_ Fall \_\_\_\_ Spring

Level of expected credits \_\_\_\_UG \_\_\_\_G (Self, Spouse only) \_\_\_\_ Doctoral (Self only)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO HUMAN RESOURCES**

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HR: Verify Employment DOH and Status \_\_\_\_\_ Initials \_\_\_\_\_

Financial Aid: Verify Student Application for other grant aid \_\_\_\_\_ Initials \_\_\_\_\_  
(Indicate NA if not eligible for grant aid)

Cashier's: Verify Student Enrollment \_\_\_\_\_ Initials \_\_\_\_\_