

**APPLICATION FOR A TUITION SCHOLARSHIP
FOR DEPENDENTS ATTENDING ANOTHER INSTITUTION**

Academic Year _____

* Must file application for each academic year

** Please attach grade report with application.
(sophomores, juniors, and seniors)

COMPLETE AND RETURN TO HUMAN RESOURCES

NAME OF FACULTY OR STAFF MEMBER: _____
Name

Department

DEPENDENT NAME: _____
Last First Middle

ADDRESS: _____

Name of the institution attending: _____

A. ELIGIBILITY AND RESTRICTIONS

1. Dependent children of a tenured faculty member whom Wittenberg has employed prior to July 1, 2013 or administrative staff member whom Wittenberg University has employed prior to July 1, 2013 and for at least five (5) years are eligible. For dependents who will enter beginning with the Fall of 2017 going forward, the amount of the scholarship is limited by both seventy-five (75) percent of the current full-time tuition charge at Wittenberg and the current full-time charge of the college attended. Additional limitations may apply. See the tuition benefit policy for full details.

On what date did you become a full-time employee of Wittenberg? _____

2. We define dependent status as any child claimed as a dependent on federal tax forms. The dependent child must be a biological or legally adopted child. If the latter, the adoption must have occurred at least five years before the child's first enrollment as a regular undergraduate student.

Do you claim this child on your federal tax forms? Yes No

Is this your biological child? Yes No

Is this your legally adopted child? Yes No

Child's Date of Birth: _____

Date of Adoption: _____

3. Eligibility for the scholarship is limited to the equivalent of 8 consecutive semesters or 12 consecutive quarters. If a student is enrolled at full-time status during a summer session, he or she may receive a scholarship, but that session then counts toward the maximum number of semesters (quarters, terms) allowed. To receive a tuition scholarship, the student must be enrolled as a full-time student.

Is your dependent enrolled as a full-time student? Yes No

Please indicate the number of terms/semesters this child has already received a tuition scholarship. _____

4. To be eligible to continue receiving a scholarship, the student must either:
- (a) maintain at least a 2.00 cumulative grade point average, or
 - (b) have earned at least a 2.00 grade point average for the work completed during the year preceding the semester (quarter, term) of the scholarship.

If already attending, what was his/her average grade last year? (Please attach grade report.) _____

5. Once a student completes the requirements for a bachelor's degree, he or she is not entitled to any further scholarships. This restriction is applicable even if the student has received the scholarship for a total of less than four years of full-time study.

Has this dependent completed the requirement for a bachelor's degree? Yes No

6. The student is required to apply for Tuition Exchange or CIC Exchange (if applicable) and/or any scholarships/financial aid for which he or she is eligible. All scholarships and other financial aid awards from the attending college will first be applied toward the Wittenberg tuition scholarship benefit. Grants and scholarships from other sources will not be applied to the Wittenberg benefit – the receiving student can apply those dollars to room or board. Furthermore, loans obtained will not be construed as grants and will not affect the amount of the tuition scholarship for which the student is eligible. Completion of the FAFSA is a requirement. Examples of financial aid include federal grants or scholarships, state grants or scholarships, vocational rehabilitation benefits, veteran benefits or veteran’s dependent benefits, and corporate, private or foundation grants or scholarships.

What scholarships, grants or other form of aid has your dependent applied for?

Please specify any awards that your child will receive:

Source _____	Amount _____
Source _____	Amount _____
Source _____	Amount _____

Date Requested: _____

Signature: _____
Employee Name

Approved: _____ **Date:** _____
Director or Assistant Director of Human Resources