

TUITION EXCHANGE PROGRAM Eligibility Certification

This form must be completed by the employee seeking consideration for a Tuition Exchange Scholarship for his / her dependent. Authorization must be obtained from the Department of Human Resources by Oct. 1. Eligibility Certifications will be submitted by Human Resources to the CWRU Office of Financial Aid, and employees will be notified by the Office of University Financial Aid if they are eligible for certification by Nov. 1.

Employee and Dependent Information	Employee Name:	CWRU Email:	Empl ID:	
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Retiree	<input type="checkbox"/> Other _____
	Department:		Title:	
	Campus Address:		Phone:	
	Student Name:		Student SSN:	

Employee Certification of Dependent Status	<p>I certify that:</p> <ol style="list-style-type: none"> 1. This student is my dependent and will be claimed as a dependent by me on my IRS Federal Income Tax Return for the tax year in which the benefits is received and I have attached a copy of the dependent listing of my most recent tax return; or I have provided alternate documentation as required by Case Western Reserve University; and 2. This student is my (select one): <ul style="list-style-type: none"> <input type="checkbox"/> biological child; <input type="checkbox"/> child of my spouse or eligible domestic partner; <input type="checkbox"/> child for whom I have legal custody or adopted child; and 3. This student is under 30 years of age at the beginning of the semester for which the Tuition Exchange Scholarship is being requested; and, 4. Appropriate dependent verification documents are on file with Human Resources. <p>I understand that authorization of this eligibility certification by the Department of Human Resources does not guarantee my dependent receipt of a Tuition Exchange Scholarship.</p> <p>The information I have provided on this form is true to the best of my knowledge. I understand that misrepresentation of any statement on this form will disqualify my dependent from consideration for a Tuition Exchange scholarship.</p> <p>Employee Signature _____ Date _____</p>
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Eligibility Certification by Human Resources	<p>This faculty/staff member <input type="checkbox"/> meets / <input type="checkbox"/> does not meet the eligibility requirements for the Tuition Exchange program for the academic year _____.</p> <p>Employee Service Date: _____ Employee Benefits Status: <input type="checkbox"/> Full-time</p> <p>Authorized by _____ Date _____</p>
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