

## **Application for Tuition Assistance-**

Employee's name:			Address:				
Is spouse eligible for Tuition assistance from his/her SDA Employer?			Yes No If yes, list the organization				
Is student a constituent member of the school?			Yes No No				
I claim my child(ren) as dependents for tax purposes?			Yes No No				
·	d are eligi	pendent children who will be in a ble for the regular tuition assistar ild is attending.	·		•	•	
Student's Name	Age	School			Dorm Student	Registration Fee	Yearly Tuition
*Do not include any tuitio		be liable for applicable	payroll taxes. (	Pastors a	nd Office Staff)	1	
Employee's Signature			Date_				
Your Tuition Assistance	cannot be	e paid until this form, with a photo	ocopy of rate documen Treasurer's Office.	tation fror	m the school, is ret	urned to the Gulf	States Conference
	Deadline:	September 15, 2018		EMPLO	EMPLOYEE ID		
					G/L # Scholarship Paid 1 <sup>st</sup> semester Scholarship Paid 2 <sup>nd</sup> semester		