

# SARAH LAWRENCE COLLEGE

## Education Benefits Application

Sarah Lawrence College offers education benefits to eligible regular faculty and administrative staff members to help defray tuition costs. Education benefit descriptions, which provide eligibility requirements, application procedures, and benefit amounts, are available in the Human Resources office.

Employees may enroll with full remission of tuition charges for up to five undergraduate credits or seven graduate credits each semester or summer session, on a place-available basis, immediately upon employment.

Spouses or domestic partners are eligible for the undergraduate tuition remission benefit only, under the same terms and conditions that apply to the employee.

The maximum undergraduate education benefit for any dependent will be eight semesters, the equivalent of 120 registered credits or four undergraduate years at an accredited undergraduate institution. Advanced Placement courses taken in secondary (high school) are not eligible for tuition benefit reimbursement.

This application must be filed in the Human Resources department prior to commencement of course-work at Sarah Lawrence or any other institution.

To receive tuition benefits for a dependent, employees must submit a copy of the Filing Status section of the employee's latest Federal Income Tax return as proof of dependency. Cash Grant applicants must also provide a copy of the bill from the accredited school for each semester.

**Education benefits may be subject to taxes.** Please contact Human Resources to discuss whether your benefit is taxable.

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**SEMESTER:**       SUMMER       FALL       SPRING      **YEAR:** \_\_\_\_\_

**Employee Name** \_\_\_\_\_      **Date of Hire** \_\_\_\_\_

**Dependent's Name:** \_\_\_\_\_ **Soc. Sec #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Relationship to Employee:**       Self       Dependent       Spouse/Domestic Partner

### BENEFIT – Check all that apply:

**Tuition Exchange**

**SLC Tuition Remission:**

Undergraduate Level

Graduate Level (Employees Only)

Early Childhood Center

**Cash Grant**

College Name: \_\_\_\_\_      Year of Graduation: \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_