

Ave Maria University

Application for Tuition Waiver Voucher

The Tuition Waiver program covers tuition and tuition deposits only. It does not include books, supplies, lab fees, or any other fees including student application, registration or student activity fees. Dependents are eligible to receive the tuition waiver if the dependent meets and maintains the tests set forth in Internal Revenue Code 152 for being deemed a dependent. In all cases, dependent children refers to unmarried sons, daughters, stepchildren and legally adopted children who are dependent upon you for support and claimed as your dependents on your IRS tax return. Dependent children must remain a dependent during their entire course of study. Proof of dependency status may be required.

Name of Employee: Date: _____

Date of Hire: _____

Name of Student Applying for Tuition Waiver:

_____ Self ___ Spouse ___ Child ___

Age of student applying for tuition waiver: _____

If waiver is for a dependent child, is the child dependent upon you for financial support, and did you claim this dependent on your most recent Tax return?

Check class level:

Undergraduate: Freshman___ Sophomore___ Junior ___ Senior___

Graduate ()

Full time regular (minimum of 35 hours per week) employees, and their spouses, and dependent children are eligible to have tuition waived for enrollment in undergraduate classes and programs at Ave Maria University (AMU) if the following criteria have been met.

Place a check mark in front of each requirement that has been met:

- ___ Meet the institutions admissions criteria
- ___ Applied and has been accepted to the University and program
- ___ Completed the Free Application for Federal Student Aid (FAFSA)
- ___ Completed the Florida Resident Access Grant (FRAG) application
- ___ Completed Tuition Waiver forms must be submitted at the beginning of each Academic year and provided to Human Resources for verification of Active employment.

I have read the Ave Maria University Employee Tuition Waiver policy and my signature below confirms that I agree to comply with the policy.

Employee Signature: _____ Date: _____

Human Resources has verified that the above employee is an active employee.

Human Resources Signature: _____ Date: _____

H.R. to send copy of form to Bursar, Registrar, and Financial Aid Director