



DEPENDENT

Application for Tuition Waiver for Full-Time Employees

1. **Employee Name:** _____

AMVA_____ PA_____ UPSEU_____ EXEMPT_____
2. **Social Security #:** _____
3. **Title:** _____ **Dept.:** _____
4. **Semester of Attendance (Term & Year):** _____
5. **Dependent Name:** _____
Dependent SS#: _____
Relationship to Employee: _____
6. **Is the student matriculated in a degree/certificate granting program at MVCC?**

YES NO

If Unsure – check with Counseling Center

If NO – sign and present to Business office

If YES – continue to question 7

****** Remember to Sign on Reverse Side******



7. Have you filed the Federal Application for Financial Aid (FASFA) and the MVCC Data Form?

If YES – take this form to the Business Office. Financial Aid Director will inform the Business Office once the electronic record is received by Financial Aid.

Aid Available? YES _____ NO _____

Director of Financial Aid

Date

If NO – file the Federal Application for Financial Aid at www.fafsa.ed.gov and the MVCC Data Form. Submit this form to the Business Office. Director will inform the Business Office once electronic record is received by Financial Aid.

Aid Available? YES _____ NO _____

Director of Financial Aid

Date

This waiver is for the amount of tuition which remains after any financial aid, not including loans, has been deducted. If the dependent does not apply for and accept financial aid for which the dependent is eligible by the first day of classes, the entire amount of tuition will be due. In order to be effective, this waiver must be submitted to the Business Office by the end of the first week of classes of the semester for which it is effective.

To secure your classes, go to the Business Office and pay any fees due.

Employee's Signature

Date

Dependent's Signature

Date