

Application for Employee Dependent Tuition Assistance Grant (EDTAG)

Employee Information:

Name of Employee _____ MVNU ID # _____
Last Name First Name Middle Name

Dependent Information:

Name of Dependent _____ MVNU ID # _____
Last Name First Name Middle Name

Address _____
Street City State Zip Code

____ Child Dependent; ____ Spouse Dependent – Does the Spouse have an undergraduate degree? ____ Yes; ____ No

Date of Birth: ____/____/____

Applying for Assistance for: Academic Year ____ - ____ Undergraduate Program: ____ Traditional; ____ GPS

Enter the anticipated hours for each term:

____ Fall

____ Spring ____ Summer

Was this dependent, if they are not your spouse, claimed as a dependent on your last Federal Income Tax Return? Yes No

I acknowledge that I have read and meet the qualifications to apply for EDTAG. I understand that my dependent must file the FAFSA to be eligible for the EDTAG benefit. I understand that I must file this form with the office of Human Resources each academic year to continue this benefit for my dependent.

Employee Signature

Date

FOR OFFICE USE ONLY

Human Resources Office:

Approval for terms checked below:

____ Fall

____ Spring ____ Summer

Most recent hire date: ____/____/____

Status: ____ Full Time Employee

Employee Meets 1 Year Service Requirement Yes No

____ Part-Time Faculty ____ Teaching credit hours

____ Part-Time Staff ____ Hours worked last year

Grant approved for:

Budget Code:

____ 100%; ____ 50%

Human Resources Signature

Date

Student Financial Services Office:

This student has completed the FAFSA. Yes No

Date Received: ____/____/____

SFS Office Signature

Date