

2016-2017 Indiana Tech Staff Scholarship

Staff Scholarship Recipient Name: _____ ID #: _____

Staff Employee Name: _____ Date of Hire _____

Employed: _____ Full Time _____ Part Time Eligible for: () 100% TR () 50% () None

Intended Enrollment: () Traditional Day () College of Professional Studies () ISP* () Online Courses**

** Direct costs are involved with each student taking classes through the Independent Study Program. Employees and their dependents enrolled in ISP will be charged one-third of the tuition rate and are responsible for payment directly with the Business Office.*

***Employees and their dependents who take online courses will be required to return their book(s) and the end of the class or be charged the full cost of the book(s). Payment would need to be made directly to the Business Office.*

Effective 5/1/2006 there is a six month waiting period from the time of hire for all full time employees. See page 2 for waiting periods for spouses/dependents.* Additional tuition remission guidelines (specifically in regards to voluntarily separation) should be reviewed and are available in the policy handbook.**

Each employee and/or dependent of an employee is required to submit a Staff Scholarship document to the financial aid office during each academic year of attendance. A Free Application for Federal Student Aid (FAFSA), which allows you to apply for both state and federal aid, must be filed each year prior to March 10 for the subsequent academic year. Each eligible employee, spouse, and eligible children who intend to enroll and work towards an **undergraduate degree** as at least a half-time student for any semester during the academic year must file the FAFSA. To qualify for Indiana state grants the FAFSA must be received at the Central Processor by March 10. FAFSA's filed after the deadline date will be processed and checked for pell grant and staff scholarship only. Staff scholarships will cover the difference between total tuition and fees minus any state and pell grant eligibility. **All application fees and tuition deposits must be paid up front by the employee.**

The employee/dependent is responsible for tuition coverage on any classes that are repeated by requirement or personal choice. Once your schedule is confirmed please complete the information below, obtain proper signatures, and submit directly to the Financial Aid Office. **This form is required to be submitted prior to the first class that is to be covered by tuition remission.** *Employees enrolled in the Graduate program are not required to complete a FAFSA form. Please see the policy manual for additional information.

The employee is responsible for submitting changes or additions to this schedule.

Fall 2016 Schedule

Session #	Course #	Repeat	
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___

Spring 2017 Schedule

Session #	Course #	Repeat	
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___

Summer 2017 Schedule

Session #	Course #	Repeat	
_____	_____	___Yes___	___No___
_____	_____	___Yes___	___No___

*** Spouses/Dependents: The spouse of the employee and a dependent children (the dependent child must be less than 26 years of age and is defined as a natural child, or a legally adopted child of the employee or is eligible to be claimed as a deduction on the eligible employee's income tax return in the tax period in which the tuition is waived) is eligible for a 50% remission benefit at the beginning of the semester/session following the anniversary of the employee's first year of employment. They are eligible for a 100% remission benefit at the beginning of the semester/session following the anniversary of the employee's second year of employment. As described in the employee section above, application fees and tuition deposits must be paid up front.

Taxable Benefit Information

Undergraduate level tuition benefits are NOT considered a taxable benefit.

Per Section 127 of the Internal Revenue Code, the first \$5,250 of graduate level tuition benefits awarded to an employee may be excluded from taxable income. For employees, any amount over the \$5,250 is included in taxable income and will be taxed. The \$5,250 exclusion DOES NOT apply to an employee's spouse and/or dependent. The total of all graduate level tuition benefits awarded to an employee's spouse and/or dependent in the calendar year is included as taxable income to the employee and will be taxed.

It is the employee's responsibility to contact the Payroll department immediately with the student's graduate course schedule for the calendar year. The taxable benefit amount will be based on the amount of graduate tuition benefit scheduled to post to the student account for the calendar year. Any additional taxable income and withholding will begin once the student is registered for graduate courses and will continue for the remaining pay periods in the calendar year. The employee is also responsible for notifying Payroll if the amount of benefit changes during the course of the year.

Student's date of birth ___/___/___ (*dependents only****) Check ___ if dependent qualifies to be included on the current year's tax returns by the parent

FAFSA has been submitted _____
FAFSA is not required _____

By my signature below, I, the student and employee, agree that I have read and understand the tuition remission policy:

Student Signature _____ Date _____
Employee Signature _____ Date _____
Immediate Supervisor's Signature _____ Date _____
Department Head Signature _____ Date _____
Vice President Signature _____ Date _____

For office use only:

Employee (dependent) is eligible for:

Revisions:

\$ _____ *Staff Scholarship for Fall Semester* \$ _____ \$ _____
\$ _____ *Staff Scholarship for Spring Semester* \$ _____ \$ _____
\$ _____ *Staff Scholarship for Summer Semester* \$ _____ \$ _____

FA Sign & Date

FA Sign & Date FA Sign & Date

Notes:

