

**UNIVERSITY OF THE INCARNATE WORD
TUITION WAIVER APPLICATION**

*Approval of this waiver is contingent upon the applicant meeting all criteria established by the institution's Tuition Waiver Policy.
Information on individual for whom waiver is requested:*

NAME _____ **PIDM OR LAST 4 NUMBERS OF SSN:** _____

RELATIONSHIP TO SPONSORING EMPLOYEE: ___ Self ___ Spouse ___ Child ___ Other

NAME/STATUS OF SPONSORING EMPLOYEE: _____
___ Faculty (UIW-SACHS-IWHS) ___ Administrator (UIW-SACHS-IWHS) ___ Staff (UIW-SACHS-IWHS)
___ CCVI ___ St. Peters Elementary ___ St Anthon y Elementary:

DATE OF BIRTH (for dependent children only): _____
**NOTE: Children age 25 or older before/on the first class day of a semester/session/term are not eligible for this benefit.*

MARITAL STATUS of Dependant Child: ___ Married ___ Unmarried
**NOTE: If you are claiming tuition waiver for a child who is under the age of 25, that child must also be unmarried.*

If claiming tuition waiver for a child, was this child claimed as a legal exemption on your most recent federal income tax return.
___ Yes ___ No

SEMESTER/SESSION/TERM FOR WHICH REQUESTING WAIVER:
Fall (Term#/Year) _____ Spring (Term#/ Year) _____ Summer (Term#/Year) _____ ADCaP (Term#/Year) _____
___ Undergraduate ___ Graduate ___ Certification Requirements

LIST ALL COURSES TO BE TAKEN UNDER TUITION WAIVER: (If additional space is needed use reverse)

Course Title: _____ Num/Sec: _____ Credit Hours: _____ Day/Time: _____
Course Title: _____ Num/Sec: _____ Credit Hours: _____ Day/Time: _____
Course Title: _____ Num/Sec: _____ Credit Hours: _____ Day/Time: _____
Course Title: _____ Num/Sec: _____ Credit Hours: _____ Day/Time: _____
Course Title: _____ Num/Sec: _____ Credit Hours: _____ Day/Time: _____
Course Title: _____ Num/Sec: _____ Credit Hours: _____ Day/Time: _____

ALL STUDENTS REQUESTING TUITION WAIVER FOR MUST FIRST APPLY FOR FINANCIAL ASSISTANCE.
Has the student completed the FAFSA? ___ Yes ___ No ___ N/A

I verify that all information contained on this application for waiver of tuition is accurate and correct.

Individual Requesting Waiver _____
Date

Sponsoring Employee _____
Date

_____ \$ _____
Human Resources Office _____
Percentage of Waiver for Staff ___ 25% ___ 50% ___ 75% ___ 100% Date

=====FAO USE=====

Financial Assistance Office: _____ Amount
Posted: \$ _____ Date: _____