

**Application for Hiram College Tuition Benefits
For Full-Time Employees, Dependent Children, and/or Spouse**

Academic Year: _____ Semester: _____
Hours Registered: _____ (Please circle one) WEC /
Traditional
(Please circle class status) Freshmen Sophomore Junior Senior

Student Information

Banner ID # _____

Name: _____ SS# _____
Home Address: _____ City & Zip: _____
Relationship to Employee: Self _____ Spouse _____
Dependent Child _____ Birth date (if dependent child) _____
High School Graduation Year (if dependent child) _____
Marital Status (if dependent child) _____

Employee Information

Name: _____ SS#: _____
Employment Status: Full Time? Yes _____ No _____ Hire Date: _____
If the application is for a dependent child, are you currently claiming him/her on your federal
income tax return? Yes _____ No _____

Student Signature : _____ Date: _____
Employee Signature : _____ Date: _____

NOTE: A separate application for Hiram College Tuition Benefits MUST be submitted for each student each semester when the student registers for classes.

Approval: _____ Date: _____
Human Resources Department

For Office Use only: _____ eligible for full tuition benefit (excluding any applicable fees)
_____ eligible for tuition benefit of 5 credit hours this semester (excluding any
applicable fees)

CC: Weekend College Office
Financial Aid Office