APPLICATION
DEPENDENT CHILDREN TUITION PROGRAM

Students who participate in this program are not eligible to receive additional University-funded scholarships or grants. (University funded means any funds deposited at the University where the University makes the decision concerning the recipient.)

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Student’s NMU IN</th>
<th>Birth Date</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Parent’s Name</td>
<td>Employed Parent’s Department</td>
<td>Office Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Home Phone</td>
<td>Semester</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check 1. AAUP _____ 3. AP-UAW _____ 5. CT-UAW _____ 7. Retiree _____

Graduate_________ Undergraduate_________ Total credit Hours_________

NMU will abide by state and federal laws regarding the taxability of benefits. (For instance, graduate tuition is considered taxable income. Other criteria, such as the age of the student may also affect taxability.)

Physical Education and/or Recreational courses may not be repeated.

This benefit does not include individual charges such as University Fee, Student Discretionary Activity Fee, Student Athletic Fee, Applied Music, bowling, skiing, laboratory fees and books and supplies.

☐ Dependent under 24 years of age:
I state the above named student will qualify as my dependent child (son, stepson, daughter, stepdaughter, or a legally adopted child) as of the first official day of classes. If my federal tax form does not include the child as a dependent, I agree to notify the University and I understand I will be billed for the full scholarship benefit.

☐ Dependent 24 years of age or older:
I state the above-named student will qualify as my dependent child (son, stepson, daughter, stepdaughter, or a legally adopted child) as of the first official day of classes. I agree to provide a copy of my most recent federal tax form verifying dependency. If I do not provide the form or the student does not qualify, I understand I will be billed for the full scholarship benefit.

________________________________________________________________________
Student’s Signature Date

________________________________________________________________________
Employed Parent’s Signature Date

The above-named parent is an employee or retiree and is eligible for the Dependent Children Tuition benefit.

________________________________________________________________________
Human Resources Department Date

Financial Aid Student Service Center

Human Resources Department (Rev. 04/08)