## **GROWTH THROUGH LIFE APPLICATION**

Name (please print)	ID #
Indicate Quarter being requested:	
Year Term: Fall	Winter Spring Summer
	gram must be submitted to HR prior to the end K 7. Notification of approval will be provided
PLEASE CHECK THE FOLLOWING TO INDIC	ATE STATUS AND PROGRAM:
Employee – Internal Program	Dependent/Spouse
Employee – External Program	
Pursuing Degree (Type of Degree):	Anticipated Graduation Date:
DEPENDENT or SPOUSE (complete only if	
	ID# (if known)
	Family Member's Date of Birth
*Please Note: the supervisor's signature is	not required for a family member's application.
I am applying for the Tuition Grant benefit following representations:	identified for the above-noted quarter and make the
Through Life employee benefit and foregoe ELIGIBLE TO RECEIVE BOTH TUITION BENE	Through Life benefit that I'm choosing to receive the Growth or my rights to federal/state aid. EMPLOYEES ARE NOT EFIT AND FEDERAL/STATE FINANCIAL AID. I acknowledge I and agree to abide by all the terms of the policy.
Employee Signature:	Date:
This employee has my permission to enroll	
Supervisor's Title:	·
Supervisor's Signature:	Date:

## To be completed by Department of Human Resources:

The above-named employee has been verified as a full-time employee and has met the eligibility requirements of the Growth Through Life program.

Human Resources Representative:	Date:
*	
Human Resources Manager/Director: _	Date:

Tax Notice: There may be tax implications for this tuition benefit under IRS regulations. This benefit may be considered taxable wages and subject to income tax withholding. Employees should consult their own tax advisor for assistance and coordinate with Payroll to provide withholding or a standard withholding will be withheld.