EMPLOYEE DEPENDENT TUITION FEE REDUCTION APPLICATION

University of Idaho

2015-2016 Academic Year

Under the Employee Dependent Education Tuition & Fee Reduction Program (FSH 3780), enrollment in the University for reduced fees (50% reduction of in-state tuition and fees) is extended to the dependents (as defined by the Federal Income tax code, Sect. 152) of board-appointed UI employees on regular appointment who work at least half-time, including those on official leave. The Employee Dependent Tuition & Fee Reduction Program is a qualified tuition reduction plan under Sect. 117 of the Internal Revenue Code. Under this program, fees reduced for enrollment in undergraduate courses are exempt from federal, state and social security taxes. Provisions of federal or state law may, however, change at any time. Please consult your personal tax advisor for implications to your individual situation.

LIMITATIONS:

- Student must be degree-seeking.
- Fee reduction only applies to in-state tuition.
- Fee reduction only applies to Fall and Spring semesters.
- Fee reduction can only be used by each student for a maximum of eight semesters.
- Only one dependent per household at a time may use the fee reduction benefit.
- Student must meet dependent eligibility requirements set forth in current IRS Federal Income Tax Code (Title 26 – Section 152). Please see the following link for IRS code dependent definitions on this matter (http://www.law.cornell.edu/uscode/text/26/152)
- Student must re-apply each term. **FORMS ARE DUE AT STUDENT ACCOUNTS BY SEPTEMBER 21, 2015 FOR FALL SEMESTER AND FEBRUARY 10, 2016 FOR SPRING SEMESTER.**

INSTRUCTIONS

Section 1: To be completed by the employee. The employee must sign, certifying that the dependent student meets the eligibility requirement in IRS section 152 and that if asked the employee will provide evidence of such.

Section 2: To be completed by the dependent student as acknowledgement that they understand/agree with the all of the statements listed in Section 2.

Section 3: To be completed by Student Financial Aid Services. If the student has questions about the application of scholarships and the fee reduction, the Student Financial Aid office can assist them. Deliver the form to Student Financial Aid Services in the Bruce Pitman Center Rm. 101 (a drop box is located on the wall outside the office for after-hours delivery), emailed to finaid@uidaho.edu, or faxed to 208-885-5592. **Forms delivered to the Financial Aid Office will be reviewed and processed based on check box in section 2.**

Section 4: After ensuring that all required sections have been filled out and signed, please submit the Employee Tuition Fee Reduction Application in Student Accounts at Room 125 at the Bruce Pitman Center. Fee reductions will be posted within two business days of receipt at Student Accounts.

FEE REDUCTION APPLICATIONS ARE DUE AT STUDENT ACCOUNTS BY SEPTEMBER 21, 2015 FOR FALL SEMESTER AND FEBRUARY 10, 2016 FOR SPRING SEMESTER. Employee Dependent Tuition Fee Reduction Applications for these semesters will not be accepted after these dates.

EMPLOYEE DEPENDENT TUITION/FEE REDUCTION APPLICATION

University of Idaho

SECTION 1: TO BE REVIEWED AND SIGNED BY EMPLOYEE:

TERMINATION: If an employee's appointment is terminated during a semester for which the employee's dependent is registered for academic work under this policy, the academic work must be terminated unless the applicable tuition is paid, except in the case where employment is terminated due to death or permanent disability.

By applying for this waiver, I, _____print employee name_____, a board-appointed employee of the University, verify that my dependent and I meet the requirements outlined above. The dependent student, _____print student name_____, meets the eligibility requirements in IRS section 152. If asked by the university, I will provide certain evidence (e.g., federal tax return) to support verification of eligibility. I acknowledge that fraudulent certification of dependent eligibility by an employee may be grounds for discharge, and I would be required to repay all costs associated with this benefit . **(Please intitial acknowledgement_____)**

Date_____ Employee ID **V**_____

Employee Signature _____

Department Employed by_____ Title/Position_____

SECTION 2: TO BE REVIEWED AND SIGNED BY DEPENDENT STUDENT:

I understand that institutional scholarship funds in combination with the dependent tuition fee reduction cannot exceed a maximum of $2,501.00 per semester.

By applying for this tuition fee reduction**:**

- I acknowledge that I am responsible for **all** fees if the tuition fee reduction should be cancelled (i.e., if the employee separates from the university.)
- I can use this tuition fee reduction for a maximum of eight semesters, and only for Fall or Spring terms.
- I have read and understand the rules & limitations on all pages of this form.
- I understand all institutionally funded scholarships plus a dependent tuition fee reduction may be combined up to a maximum of $2,501.00 per semester. If my institutional scholarships exceed $2,501.00 I will not receive any amount of dependent tuition fee reduction.

FORMS ARE DUE AT STUDENT ACCOUNTS BY SEPTEMBER 21, 2015 FOR FALL SEMESTER AND FEBRUARY 10, 2016 FOR SPRING SEMESTER.

Date_____ Dependent Name _____

Relationship to Employee_____

Dependent Signature _____ Student ID Number _____

Please check one of the below options:

☐ Upon Financial Aid completing Section 3, I will pick up the Dependent form and deliver it to Student Accounts.

☐ Upon Financial Aid completing Section 3, I authorize Financial Aid to deliver completed form to Student Accounts.

Printed Student Name (Last, First)

ID Number

Term/Year

EMPLOYEE DEPENDENT TUITION REDUCTION—APPLICATION

Student Name _____ Student ID#_____
Last First

SECTION 3. TO BE COMPLETED BY STUDENT FINANCIAL AID OFFICE

The maximum employee dependent tuition fee reduction amount for a full-time student is $1,755 per semester for the 2015-16 academic year. That amount may be adjusted if the dependent is receiving an institutionally-funded scholarship. A student may receive an institutionally-funded scholarship plus a dependent tuition fee reduction up to a maximum of $2,501 per semester.

Example for student receiving institutionally-funded scholarship: Student receives $750 in an institutionally-funded scholarship per semester for the 2015-16 academic year. As the dependent of an eligible employee, that student will receive the $750 scholarship + $1,751 tuition fee reduction = $2,501.00 for each semester.

☐ No institutionally-funded scholarship received .

$1,755 Maximum eligibility for dependent tuition fee reduction for academic full time enrollment.

☐ Institutionally-funded scholarship received.

$2,501 Maximum combined amount of institutionally-funded scholarship and dependent tuition fee reduction

$2,501.00
-_____ Institutionally-funded scholarship
=_____ **Total**

If total exceeds $1,755, then the tuition fee reduction = $1,755
If total isless than $1,755, but greater than –0–, then the fee reduction = total
If total is equal to or less than –0-, then tuition fee reduction = -0-

_____ _____
Financial Aid Signature Date

Internal Use Only

Employee Dependent Tuition Fee Reduction applies to: Fall 2015_____ Spring 2016_____.
Institutionally-funded scholarship amount:
Acad. Achieve. Level B/S520_____ Acad. Achieve. Level S/S501_____ Acad. Achieve. Level G/S500_____
Acad. Achieve. Level P/S518_____

Acad. Achieve. Level T/S502_____ Freshman Access/S503_____ Transfer Access S505_____ Other _____

SECTION 4: TO BE COMPLETED BY STUDENT ACCOUNTS:

Semesters tuition/ Fee reduction used:						
	201210	201220	201310	201320	201410	201420
	201510	201520	201610	201620	201710	201720
	201810	201820	201910	201920	202010	202020

Matriculated? Y N
Total credits at time reduction posted: _____ Amount reduced : _____

	Date	Initials
Form received	_____	_____
Fin Aid Calculation Checked	_____	_____
Fee Reduction Posted	_____	_____
Detail Code Posted to Student Account is posted Parent (Employee) Account	_____	_____

Comments: _____
_____
_____

EMPLOYMENT VERIFIED

_____ _____ Employed Since _____
Signature Date month/year

Revised 7/2015

Printed Name (Last, First)

ID Number

Term/Year