EMPLOYEE DEPENDENT TUITION FEE WAIVER APPLICATION

University of Idaho

2013-2014 Academic Year

Under the Employee Dependent Education Tuition & Fee Waiver 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 Waiver Program is a qualified tuition reduction plan under Sect. 117 of the Internal Revenue Code. Under this program, fees waived 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.
- Waiver applies only to in-state tuition.
- Waiver only applies to Fall and Spring semesters.
- Waiver can only be used by each student for a maximum of eight semesters.
- Only one dependent per household at a time may use the waiver.
- 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 23, 2013 FOR FALL SEMESTER AND FEBRUARY 12, 2014 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 waiver, the Student Financial Aid office can assist them. The form should be delivered to Student Financial Aid Services in SUB 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 available for pick-up 24 hours after they are dropped off during regular business days. The application should be picked up and reviewed by the student.**

Section 4: After ensuring that all required sections have been filled out and signed, please submit the Employee Tuition Waiver Application at Student Accounts at Room 125 at the Student Union Building. Waivers will be posted within two business days of receipt at Student Accounts.

WAIVER APPLICATIONS ARE DUE AT STUDENT ACCOUNTS BY SEPTEMBER 23, 2013 FOR FALL SEMESTER AND FEBRUARY 12, 2014 FOR SPRING SEMESTER. Employee Dependent Tuition Waiver Applications for these semesters will not be accepted after these dates.

EMPLOYEE DEPENDENT TUITION/FEE WAIVER APPLICATION

University of Idaho

SECTION 1: TO BE REVIEWED AND SIGNED BY EMPLOYEE:

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 Employee Dependent Tuition & Fee Waiver is cancelled. As with all students who enroll in the university, the student is responsible for the remaining balance after waiver cancellation.

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 .

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 waiver cannot exceed a maximum of $2267 per semester.

By applying for this waiver**:**

- I acknowledge that I am responsible for all fees if the waiver should be cancelled (i.e., if the employee separates from the university.)
- I can use this waiver for a maximum of eight semesters, and only for Fall or Spring terms.
- I have read and understood the rules & limitations on both sides of this form.
- I understand all institutionally funded scholarships plus a dependent waiver may be combined up to a maximum of $2267 per semester. If my institutional scholarships exceed $2267 I will not receive any amount of dependent waiver.

FORMS ARE DUE AT STUDENT ACCOUNTS BY SEPTEMBER 23, 2013 FOR FALL SEMESTER AND FEBRUARY 12, 2014 FOR SPRING SEMESTER.

Date_____ Dependent Name _____

Relationship to Employee_____

Dependent Signature _____ Student ID Number _____

Printed Student Name (Last, First)

ID Number

Term/Year

EMPLOYEE DEPENDENT TUITION WAIVER—APPLICATION

Student Name _____ V#_____
Last First

SECTION 3. TO BE COMPLETED BY STUDENT FINANCIAL AID OFFICE

The maximum employee dependent tuition waiver amount for a full-time student is $1631 per semester for the 2013-14 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 waiver up to a maximum of $2267 per semester.

Example for student receiving institutionally-funded scholarship: Student receives $750 in an institutionally-funded scholarship per semester for the 2013-14 academic year. As the dependent of an eligible employee, that student will receive the $750 scholarship + $1517 waiver=$2267 for each semester.

☐ No institutionally-funded scholarship received .

$1631 Maximum eligibility for dependent waiver for academic full time enrollment.

☐ Institutionally-funded scholarship received.

$2267 Maximum combined amount of institutionally-funded scholarship and dependent waiver

$2267.00
-_____ Institutionally-funded scholarship
=_____ **Total**
If total exceeds $1631,then the waiver = $1631
If total is less than $1631, but greater than –0–, then waiver = total
If total is equal to or less than –0-, then waiver = -0-

_____ _____
Financial Aid Signature Date

Internal Use Only

Employee Dependent Waiver applies to: Fall 2013_____ Spring 2014_____.
Institutionally-funded scholarship amount:
Acad. Achieve. Award/S269_____ Acad. Achieve. Level G/S500_____ Acad. Achieve. Level S/S501_____

Acad. Achieve. Level T/S502_____ Freshman Access/S503_____ Transfer Access S504_____ Other _____

SECTION 4: TO BE COMPLETED BY STUDENT ACCOUNTS:

Semesters waived:						
	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 waiver posted: _____

Amount waived : _____
Comments: _____
_____
_____

	Date	Initials
Form received	_____	_____
Fin Aid Calculation Checked	_____	_____
Waiver Posted	_____	_____
Spreadsheet updated	_____	_____
D1PF or D2PF Detail Code Posted to Parent (Employee) Account	_____	_____

EMPLOYMENT VERIFIED

_____ _____ Employed Since _____
Signature Date month/year

Revised 8/2/13