

# TEACHERS COLLEGE

## COLUMBIA UNIVERSITY

### Application for College Tuition Grant for Baccalaureate Degree Candidates

(Enrollment in a degree program is a requirement)

Please type or print. Use a separate application for each student.

1. NAME OF ELIGIBLE PARENT: \_\_\_\_\_ TCID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ BOX: \_\_\_\_\_ EXT: \_\_\_\_\_

2. FULL NAME OF STUDENT: \_\_\_\_\_ SSN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

3. NAME OF UNIVERSITY OR COLLEGE: \_\_\_\_\_

4. COLLEGE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. CLASS:  Freshman  Sophomore  Junior  Senior

6. TUITION EXCLUSIVE OF ALL OTHER FEES \$ \_\_\_\_\_ PER SEMESTER

7. WHAT SEMESTER IS THIS APPLICATION FOR?

Summer  Fall  Spring Year \_\_\_\_\_

8. REMARKS

**I certify that the individual for whom I am requesting this benefit has not reached the age of 27 and has one of the following relationships to me:**

- Natural child
- Legally adopted child
- Stepchild who lives in the same household as the eligible staff member

**I also certify that this individual  (is)  (is not) a dependent as defined by the IRS.**

**If this person is not your dependent these payments will be treated as income and subject to tax.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

**PLEASE NOTE: The tuition benefit applies only if the student is enrolled in a degree program.**

**An Application for College Tuition Grant for Baccalaureate Degree Candidates must be submitted to the Controller's Office each semester for which a grant is being requested, with a copy of that semester's bill. Please do not have colleges send the tuition bill directly to the Controller's Office. A completed and signed grant application must accompany the tuition bill for the specific semester for which a grant is being requested.**

Effective Spring 2011