

Education Benefit Application - Dependent

Employee Information

Name _____ Employee ID _____ Hire Date _____ Hours Work Per Week _____

Program (You MUST Select only ONE)

Tuition Exchange Tuition Reimbursement Tuition Remission

Student Information

Name _____ Birth Date _____ Relation to Employee _____

College/University Name _____

Quarter/Semester	Course Title	Course Number	Credit Hours	Tuition Cost

Total Tuition Cost

Total Tuition Fees Cost

Total Reimbursement Requested

I acknowledge by my signature that I have read the Tuition Reimbursement policy and agree to the terms. Furthermore, I certify that I have not claimed other reimbursement for this tuition amount. I understand the taxability of the benefit, and I understand that I must submit proof of successful completion of the course and proof of payment in order to receive reimbursement.

1. I understand that the value of my tuition may be considered taxable income based on current IRS regulations.
2. I certify that my child obtaining Undergraduate Education Benefits is claimed as my dependent for income tax purposes
3. I understand that failure to provide truthful information can delay or jeopardize my eligibility in Santa Clara University's Education Benefits.
4. I understand that more documentation may be requested.

Employee Signature _____

Date _____