

LAWRENCE UNIVERSITY

**APPLICATION TO PARTICIPATE IN THE LAWRENCE UNIVERSITY TUITION REMISSION PROGRAM FOR
DEPENDENTS OF LAWRENCE UNIVERSITY EMPLOYEES**

LU Employee Name _____
(Last) (First) (Middle)

Employing Department _____ Date of Hire _____
(mm/yyyy)

Dependent's Name _____

Dependent's Address: _____
(Street) (City) (State) (Zip)

Dependent's Phone Number _____ Dependent's Birth Date _____

Dependent's Email Address _____

Is dependent claimed on your income tax return? Yes No → *If no, please attach explanation.*

Applying for First Academic Period **Choose an item.**

Year_in College Freshman Sophomore Junior Senior

I understand that my eligibility to participate in the Lawrence University Tuition Remission program is dependent upon the guidelines established by Lawrence University and stated in the Lawrence University Employee Handbook.

I understand that I am required to submit the Free Application for Federal Student Aid (FAFSA) to determine my eligibility for federal and state aid. I must submit the FAFSA annually unless such requirement is waived by the Lawrence University Office of Financial Aid.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

PLEASE RETURN COMPLETED FORM TO THE OFFICE OF FINANCIAL AID, 711 E BOLDT WAY SPC 32, APPLETON, WI 54911.