

Starting Semester Month \_\_\_\_\_

Starting Semester Year \_\_\_\_\_

**TUITION SCHOLARSHIP PRELIMINARY APPLICATION  
FACHEX AND TUITION EXCHANGE**

Full-time faculty, staff and administrators who have completed five full years of continuous service are eligible to participate in the Faculty and Staff Children Exchange ("FACHEX") or Tuition Exchange ("TE") Programs. Certification of eligible dependents does not guarantee acceptance into the FACHEX or TE programs. Member institutions are generally able to offer only a limited number of FACHEX and TE scholarships, therefore, the application process should be initiated in a timely manner. Applicants should contact the institution(s) they are applying to for information regarding additional fees and specific registration deadlines. Late applications will not be accepted.

**EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Employment: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_

**STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_ Last 4 Digits of SSN: XXX-XX- \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student will be entering as a: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

**NAME OF SCHOOLS APPLYING TO**

**TUITION REMISSION at Loyola University Maryland**

Check here and complete the attached Loyola Tuition Remission Application

**FACHEX** – (View participating Institutions at <http://www.loyola.edu/department/hr/benefits/tuition.aspx> )

\_\_\_\_\_  
\_\_\_\_\_

**TUITION EXCHANGE PROGRAM** – (View participating institutions at [www.tuitionexchange.org](http://www.tuitionexchange.org))

\_\_\_\_\_  
\_\_\_\_\_

Has applicant held a FACHEX or TE scholarship last year or in prior year? \_\_\_Yes \_\_\_No

If "Yes" please answer the following questions:

Name of college attended \_\_\_\_\_

Year(s) that scholarship was held \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Please attach your most recent Federal Tax return (FORM 1040). A current Form 1040 must be submitted to Human Resources each year the student is enrolled in the program. Human Resources must also be notified if the student withdraws or is suspended. Please call (410) 617-1368 or (410) 617-1365 with questions.

**FOR HUMAN RESOURCES USE**

APPLICATION RECEIVED: \_\_\_\_\_

NEW CERTIFICATION (circle): YES / NO

CIRCLE YEAR: 1 2 3 4

SCHOLARSHIP APPROVED (circle): YES / NO

RECERTIFICATION (circle): YES / NO

GRADUATION DATE: \_\_\_\_\_

**LOYOLA UNIVERSITY MARYLAND**  
**UNDERGRADUATE TUITION REMISSION APPLICATION**  
**FOR DEPENDENTS**

**1. EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Loyola I.D. Number: \_\_\_\_\_  
(Last) (First) (MI)  
Campus Address/Department: \_\_\_\_\_ Extension: \_\_\_\_\_  
Employment Status (*please check*):  Full Time  Faculty  
 Administrator  Staff

**2. STUDENT INFORMATION**

Student's Name \_\_\_\_\_ I.D.# \_\_\_\_\_  
Relationship to Employee:  Dependent Child\* - Date of Birth \_\_\_\_\_

**\*Children of the employee must be documented as dependents for tax purposes. A copy of your most recent federal tax return (Form 1040) must be attached.**

**3. COURSE INFORMATION (check all that apply)**

Undergraduate  Full-time Student  Part-time Student  
 Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer Session  I  II  III

Staff must complete a Flex Schedule if attending day classes.

Part or all of graduate tuition remission may be taxable as income to the employee. Please review the tuition remission policy in the Loyola policy manual. If you want graduate tuition remission in excess of \$5,250 per calendar year to be treated as a working condition fringe benefit, you must complete and submit the Request for Determination of Working Condition Fringe Benefit Treatment form with this tuition remission application.

Faculty, staff and administrators: Graduate and undergraduate tuition remission is granted up to a maximum of two courses, or six credit hours per semester, whichever is less. No more than one course per summer session is permitted.

I certify that the information provided on this application is accurate. I agree to provide a copy of my federal tax return for the year in which tuition remission is granted for my dependent child (ren) no later than April 15<sup>th</sup> of the next year. If not submitted on time, or if false or misleading information is provided, I will be responsible for reimbursing the University for the total amount of tuition remission granted. If my employment should terminate during a semester, I may be responsible for a prorated portion of the remission.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF HUMAN RESOURCES USE ONLY**

FA Code \_\_\_\_\_ Job/Department \_\_\_\_\_ % Remission \_\_\_\_\_ Balance \_\_\_\_\_  
Approved by \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT ADMINISTRATIVE SERVICES USE ONLY**

Tuition \_\_\_\_\_ Fees \_\_\_\_\_ Remission \_\_\_\_\_ Total Due \_\_\_\_\_