

**HAVERFORD COLLEGE
TUITION BENEFIT PROGRAM**

EMPLOYEE _____ DEPARTMENT _____

Full Time _____ Part Time _____

Faculty _____ Admin/Prof _____ Staff _____

STUDENT _____ DATE OF BIRTH _____

INSTITUTION BEING ATTENDED _____

Program Length 2 year _____ 4 year _____

Application for
academic year: First year Sophomore Junior Senior

What is the tuition fee for this semester? _____

Have you applied for all scholarships and Grants for which your child is eligible?

Yes _____ No _____

If yes, please list all sources of aid:

Scholarships from outside agencies: _____

Grants from other Colleges or Universities (i.e., faculty spouse benefit):

Federal and or State grants: _____

Any other grants in aid or financial assistance? _____

Date _____

Employee's Signature

Please send completed form along with a copy of the tuition bill to Marie Bistline in the Business Office. Please allow ten days for processing.

For Business Office Use

Tuition * \$ _____ Plan A _____ Plan B _____

Less all aid \$ _____ Hire Date _____

Excess \$ _____ Dependent Status _____

Benefit Amount \$ _____

Approved: Bus.Off. _____

Personnel _____

Date on which check was issued: _____

* Lesser of Haverford's or other institution's.
