

TUITION REMISSION APPLICATION FORM
Scholarship Plan for Dependent Children of
Faculty, Administration, and Staff

TO: Human Resources CLAREMONT McKENNA COLLEGE - 400 N. Claremont Blvd., Claremont, CA 91711-4015

Part One: (To be completed by Employee)

Name of Employee: _____ Campus Extension: _____

Home Address: _____

_____ Date of Hire: _____

Part Two: (To be completed by Student)

Name of Student: _____ For Academic Period: _____

GPA (A=4.0): _____ Anticipated Year of Graduation: _____ Student I.D. Number _____ Date of Birth: _____

Are you a dependent of a CMC employee? Yes _____ No _____ Relationship: _____

Name of the institution you attend: _____

Billing address of the institution you attend: _____

The following documents must be submitted with this application for Tuition Remission to Human Resources:

1. Complete academic transcript (fall semester) or grade report (spring semester or winter/spring quarter) from the last high school or college attended.
2. Official billing statement from the college you will be attending.

Signature of Employee

Date

Signature of Student Applicant

Date

Part Three: (To be completed by Human Resources) Period Covered by Scholarship: Fall ___ Winter ___ Spring ___

Attending institution's tuition: \$ _____ Semester/Quarter

One-half attending institution's tuition: \$ _____ Per Semester/Quarter

One half-CMC tuition: \$ _____ Per Semester

Fall _____ Winter _____ Spring _____

History of CMC scholarship: Academic Year _____ Amount \$ _____

Academic Year _____ Amount \$ _____

Academic Year _____ Amount \$ _____

Remaining semesters/quarters of eligibility for: Student: _____ Employee: _____

Approval: _____

Signature of Director of Human Resources

Date