

Applicants must read the entire application. If this form is completed for the dependent child of a same-sex domestic partner, the JHU Affidavit of Marriage/Domestic Partnership must be on file in the Office of Benefits Services. Employees are required to complete the Tuition Grant Plan application one time only if the employee, student and college information remain the same through the period of participation. If there are any changes to the information you provided on your original application regarding your child's college enrollment, you must complete a new Tuition Grant Application or you will be liable for any monies that are disbursed erroneously under the plan. Please retain a copy of the application for your file.

PART I: Faculty or Staff Member or Retiree Information (Please print)

_____	_____	_____
(Last)	(First)	(Social Security Number)
_____		_____
(Street Address)		(Home/Cell Phone)
_____	_____	_____
(City/Town)	(State)	(Zip Code)
_____		_____
		(Email Address)

PART II: Spouse/Same-Sex Domestic Partner Information (Complete **ONLY** if spouse/same-sex domestic partner is also an eligible JHU faculty or staff member or retiree)

_____	_____	_____
(Last)	(First)	(Social Security Number)
(Select one):	Spouse	Same-sex Domestic Partner
_____		_____
		(Email Address)

PART III: Student Information (Please print)

_____	_____	_____
(Last)	(First)	(Social Security Number)
_____		_____
(College Name)		(Date of Birth)
_____		_____
(College Address)		(College Telephone Number)
_____	_____	_____
(City)	(State)	(Zip Code)
_____		_____
		(College Fax Number)

(Select one): This student is new to the Tuition Grant Plan
 This student is making a change to their participation in the Tuition Grant Plan

PART IV: Dependent Tax Status - REQUIRED (select one)

- Student is a tax dependent of the faculty member/staff member/retiree
- Student is NOT a tax dependent of the faculty member/staff member/retiree *
- Student is a tax dependent of the employee's same-sex domestic partner **

*Please attach a completed dependent expense form (available at the [Benefits website](#))

** Benefit will be reported as taxable income

PART V: Terms Attending (Please select all that apply)

- Fall
- Spring
- Winter
- Summer
- This is for a Study Abroad Program (Additional documentation may be required)

(Signature required on opposite side)

PART VI: Eligibility:

Dependent children of full-time faculty, staff and Bargaining Unit members are eligible to participate through the end of the calendar year in which they turn 23. To be considered a "dependent child" the child must: 1) be a U.S. citizen, resident alien or a resident of Canada or Mexico; 2) **not** file a joint return if married unless the return is filed only to claim a refund of tax when neither spouse is required to file, and no tax liability would exist for either spouse if separate returns were filed; 3) be a blood descendent of the first degree, legally adopted or a stepchild; and 4) not provide over one-half of his or her own support for the calendar year.

The dependent children of same-sex domestic partners may also participate in the plan provided that the employee's completed Affidavit of Marriage/Domestic Partnership is on file with the Office of Benefits Services. Any benefit provided for dependent children of same-sex domestic partners is considered taxable income to the employee.

University employees must complete a minimum of two consecutive years of full-time employment with Johns Hopkins University by October 1st (for the Fall semester) or February 1st (for the Winter/Spring semester) and continue through these dates in a full-time position to qualify for the plan. The two-year employment requirement will be waived for faculty and staff who come to the University directly from other colleges or universities where they were previously eligible for a similar dependent child benefit, and can provide proof of eligibility. Johns Hopkins University retirees also may participate in the plan. Each parent may participate if they meet the above eligibility requirements.

Employees' eligibility to participate in the plan is also contingent upon providing documentation of their student's dependent child status. Employees who have not already provided documentation must forward this to the Benefits Service Center (Fax: 443-997-5820) when submitting an application. For acceptable documentation, go to <http://www.benefits.jhu.edu/resources/eligibility.cfm>.

The benefit is available only during periods in which the faculty or staff member is employed full-time, or during periods of authorized leave not exceeding one year in duration from which the faculty or staff member will return to full-time employment.

PART VII: Payment Allowances:

Payment is for 50% of each dependent child's full-time, undergraduate tuition (12 or more degree-required credits required for their undergraduate degree) and eligible academic fees, up to a maximum of one-half of Hopkins' freshman undergraduate tuition. Please contact the Benefits Service Center at 410-516-2000 or benefits@jhu.edu for the current academic year maximum. Payment is limited to 4 years of full-time, undergraduate study per dependent child at any accredited, degree-granting institution.

Part-time, graduate, non-credit and remedial courses are not covered by the plan. Cooperative programs that do not offer academic credits are not covered by the Plan. Payments may be made for fewer than twelve credits for graduating students in their final semester of Tuition Grant participation. Accredited institutions that do not offer degrees, but instead issue diplomas or certificates, are not eligible. Payments are available for mini-sessions and summer courses if the credit courses will be counted toward the degree requirements; the child is a full time student who will be attending college in the upcoming academic year (Fall - Spring), or the child is attending college as a full-time student prior to the summer session; the child has not received the maximum grant allowance for the academic year and the employee is in a full-time position when the child begins the mini-session or summer course. Students desiring to participate in study abroad programs must contact the Benefits Service Center as additional documentation may be required.

If other restricted tuition scholarship, remission and/or waiver support is received in addition to the Hopkins' tuition grant, the total combined tuition support may not exceed 100% of the tuition and eligible fees. If the total exceeds 100%, the Hopkins' grant will be offset by other scholarship support that like the Hopkins' grant is awarded only for tuition and eligible fees. Parents must notify Johns Hopkins University of additional scholarship, tuition remission and waiver support provided by other institutions. If the student drops a course(s), withdraws or is no longer full time as defined above, JHU will request a refund of 100% of the grant, or the maximum refund in accordance with the institution's withdrawal policy.

PART VIII: Procedures:

1. Employee completes and returns the Tuition Grant Plan application to the Benefits Service Center.
2. The Office of Benefits Services will send a Grant Award Notice (GAN) to the student's college to request confirmation of tuition and fees after verifying employee, student and college eligibility.
3. The receiving college's authorized representative will indicate (on the bottom of the GAN) tuition and itemized fees charged to the student, sign and return the form to Office of Benefits Services by fax or mail.
4. The completed Grant Award Notice is reviewed for eligible costs and a payment request is prepared and sent to Accounts Payable for the student's eligible tuition and fees. Payments are disbursed directly to the college from Accounts Payable.

PART IX: Certification:

I certify that I: 1) have read the entire form and provided accurate information as required ; 2) completed two consecutive years of full-time university employment or have attached a waiver to the two-year, full-time university employment requirement based on service in another like program and continue in a full-time university position or am a retiree; 3) understand my signature on this application is binding for the term of my participation in the Tuition Grant Plan; 4) accept responsibility for the payment of tuition and eligible fees, which are not eligible under the university's Tuition Grant Plan; and 5) understand it is my obligation to promptly repay any monies disbursed erroneously after notification by the university. **This form must be submitted by June 30th of the current academic year, in which the employee will participate. No payments can be made for prior academic years.**

Faculty/Staff Member/Retiree Signature: _____ Date: _____

Spouse/Same-Sex Domestic Partner Signature: _____ Date: _____
Sign **only** if also an eligible Faculty, Staff member or Retiree

Return completed form to: Benefits Service Center 1101 East 33rd Street Suite D-100 Baltimore, MD 21218 Fax: 443-997-5820