

Toccoa Falls College

Employee Tuition Benefits Request Form

Student Name: _____ ID Number: _____

Academic Year: 20__ to 20__ Term: ____ Fall ____ Winterim ____ Spring ____ Summer

TFC Employee Name: _____

Date that employee became eligible for benefits: ____/____/____

Employee relationship to student: ____ Self ____ Spouse ____ Parent

Signature of Student: _____ Date: _____

Authorizations:

Human Resources:

Employment Date Verified?: Yes No

Percentage of ETB granted: _____

Signature of HR Representative: _____ Date: _____

Student Accounts:

Total amount of charges to student's account: _____

Signature of Student Accounts Representative: _____ Date: _____

Financial Aid:

Amount awarded after considering other aid: _____

Signature of Financial Aid Counselor: _____ Date: _____