

# 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:

Fall:	Tuition \$ _____	Student Fee \$ _____	Total Charges: \$ _____
Winterim:	Tuition \$ _____		Total Charges: \$ _____
Spring:	Tuition \$ _____	Student Fee \$ _____	Total Charges: \$ _____
Summer I:	Tuition \$ _____		Total Charges: \$ _____
Summer II:	Tuition \$ _____		Total Charges: \$ _____

Signature of Student Accounts Representative: \_\_\_\_\_ Date: \_\_\_\_\_

#### Financial Aid:

Fall Charges: \$ \_\_\_\_\_ Winterim Charges: \$ \_\_\_\_\_ Spring Charges: \$ \_\_\_\_\_

Summer I Charges: \$ \_\_\_\_\_ Summer II Charges: \$ \_\_\_\_\_

**Total Charges:** \$ \_\_\_\_\_

Financial Aid:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**Amount awarded after considering other aid: \$ \_\_\_\_\_**

Signature of Financial Aid Counselor: \_\_\_\_\_ Date: \_\_\_\_\_