

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: _____