

ROLLINS COLLEGE --- TUITION GRANT APPLICATION

**Application for Full-Time Undergraduate
Tuition Grant for Dependents**

See Tuition Grant Policy 300.79 at <http://www.rollins.edu/hr/p30079.htm>

Faculty/Staff Information

Faculty/Staff Name: _____ R#: _____

Department: _____ Hire Date: _____

Semester for Grant (check one): Summer _____ Fall _____ Spring _____

Student Information

Name of Student*: _____ New Grant Request _____ Renewal _____

Date of Birth: _____ Student ID#: _____

Name of College: _____

Please check one: Freshman _____ Sophomore _____ Junior _____ Senior _____

Start Date: _____ Anticipated Graduation Date: _____

* If student's name is different from parent's name, please explain:

For new requests – Please provide the name, address, & email where Rollins should send the invoice request (usually in Student Accounts or Financial Aid):

Name: _____ Email: _____

Address: _____

NOTE: If your spouse is employed full time at the College, please provide the following:

Name of Spouse: _____ Dept: _____ Hire Date: _____

Employee Signature **Date**

Please return this form to the Human Resources Department, Campus Box 2718