



**OFFICE OF HUMAN RESOURCES
DEPENDENT CASH GRANT BENEFIT FORM**

REQUEST FOR: FALL SPRING 20_____

Employee: Complete Parts A, & B and Return this form along with a copy of the College/University invoice to the Office of Human Resources

Employee Eligibility: ELIGIBLE AFTER SEVEN YEARS EQUIVALENT FULL-TIME SERVICE

A	Student Name:	Last 4 digits SS No.
	Name of Employee:	Banner ID:
	Name & Address of College University which student is enrolled:	
	Class: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Expected Date of Graduation:
	Date of Registration for Next Semester:	
	List any Scholarships, Grants or Awards which the student will receive or for which they have applied:	

B	I certify that the above student is my _____(relationship) and is my dependent for Federal Income Tax purposes. I will notify the College in the event his/her dependent status Changes.	
	Signature of Employee:	Date

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

C	Name of Employee:	Date of Hire:		
	Signature Vice President/Treasurer	Date		
	\$800 pre semester (total of 8 semesters) Full time undergraduate study leading to the first baccalaureate Degree.			
	1A	2A	3A	4A
	1B	2B	3B	4B

BILL HAS BEEN PAID IN FULL – SEND CHECK TO EMPLOYEE Yes No

By signing this document, I certify that my dependent is financially dependent upon me, according to IRS guidelines, and is claimed on my current income tax returns and or is a dependent for whom more than one half (1/2) of whose support was received from the taxpayer during the taxable year or one for whom legal guardianship or adoption proceedings have been initiated. The student will apply for the NYS Tuition Assistance Program (TAP) for this period. The information given on this form is true to the best of my knowledge and I understand that misrepresentation of any statement on this form is cause for cancellation of the tuition benefit.