

Applicants must read the entire application. If this form is completed for the dependent child of a domestic partner, the JHU Affidavit of Marriage/Domestic Partnership must be on file with the Benefits Service Center. Employees are required to complete the Tuition Grant Plan application one time only if the employee, student and college information remain the same through the period of participation. If there are any changes to the information you provided on your original application regarding your child's college enrollment, you must complete a new Tuition Grant Application or you will be liable for any monies that are disbursed erroneously under the plan. Please retain a copy of the application for your file.

PART I: Faculty or Staff Member or Retiree Information (Please print)

(Last) (First) (Social Security Number)

(Street Address) (Home/Cell Phone)

(City/Town) (State) (Zip Code) (Email Address)

PART II: Spouse/Domestic Partner Information (Complete **ONLY** if spouse/domestic partner is also an eligible JHU faculty or staff member or retiree)

(Last) (First) (Social Security Number)

(Select one): Spouse Domestic Partner

(Email Address)

PART III: Student Information (Please print)

(Last) (First) (MI) (Social Security Number)

(College Name) (Date of Birth)

(College Address) (College Telephone Number)

(City) (State) (Zip Code) (College Contact Name)

(Select one): Student is new to the Tuition Grant Plan, starting participation in the _____ of _____
semester year

Student is making a change to their participation for the _____ of _____
semester year

Relationship of child to employee (select one): Biological child Legally Adopted child Spouse's or Domestic partner's child

PART IV: Terms Attending (Select **ALL** that will be attended at the above college)

Fall Winter This is for a Study Abroad Program (Additional documentation may be required)
Spring Summer _____ Will payment be sent to college indicated in Part III? Yes or No (circle one)
Indicate year

PART V: Citizenship – REQUIRED (Select one)

Student is a U.S. citizen, or citizen of Canada or Mexico*

Student is a U.S. resident alien or resident of Canada or Mexico – attach documentation of resident status

*Naturalized citizens must provide Certificate of Naturalization or U.S. Passport

PLEASE NOTE: A COPY OF THE STUDENT'S BIRTH CERTIFICATE (ENGLISH TRANSLATION) MUST BE ON FILE REGARDLESS OF CITIZENSHIP STATUS

PART VI: Dependent Tax Status – REQUIRED (Select one)

Student is a tax dependent of the faculty member/staff member/retiree

Student is NOT a tax dependent of the faculty member/staff member/retiree *

Student is a tax dependent of the employee's domestic partner **

*Please attach a completed dependent expense form (available at the [Benefits website](#))

** Benefit will be reported as taxable income

(Signature required on opposite side)

PART VII: Eligibility:

Dependent children of full-time faculty, staff and Bargaining Unit members are eligible to participate through the end of the calendar year in which they turn 23. Proof of dependent citizenship must be provided prior to receiving benefits under the Plan. To be considered a "dependent child" the child must: 1) be a U.S. citizen, resident alien or a resident of Canada or Mexico; 2) **not** file a joint return if married unless the return is filed only to claim a refund of tax when neither spouse is required to file, and no tax liability would exist for either spouse if separate returns were filed; 3) be your biological child (a natural born blood descendent of the first degree), your legally adopted child or a stepchild, who is the biological (a natural born blood descendent of the first degree) or legally adopted child of your spouse or domestic partner; and 4) not provide over one-half of his or her own support for the calendar year. In circumstances where disability prevents an otherwise eligible dependent from enrolling as a full-time undergraduate (i.e., the 12 credit hour requirement), the university shall consider waiving the credit hour and/or age requirement. All such requests shall be considered by the university's Office of Institutional Equity (OIE) in accordance with the university's commitment to ensuring equal opportunity for individuals with disabilities.

The dependent children of domestic partners may also participate in the plan provided that the employee's completed Affidavit of Marriage/Domestic Partnership is on file with the Benefits Service Center. Any benefit provided for dependent children of domestic partners is considered taxable income to the employee.

University employees must complete a minimum of two consecutive years of full-time employment with Johns Hopkins University by October 1st (for the Fall semester) or February 1st (for the Winter/Spring semester) and continue through these dates in a full-time position to qualify for the plan. The two-year employment requirement will be waived for full-time employees who come directly to the university from another college or university (within 30 days) where they were previously eligible for a similar dependent education benefit, and can provide proof of eligibility from the prior employer. Waivers submitted for new faculty positions will be reviewed on a semester basis. Johns Hopkins University retirees also may participate in the plan. Each parent may participate if they meet the above eligibility requirements. The benefit is available only during periods in which the faculty or staff member is employed full-time, or during periods of authorized leave not exceeding one year in duration from which the faculty or staff member will return to full-time employment.

PART VIII: Payment Allowances:

For each eligible employee, payment is for 50% of each dependent child's **full-time**, undergraduate tuition (12 or more degree-required credits required per semester for colleges with 2 full-time semesters (Fall/Spring); 24 or more degree-required credits required per academic year for colleges with full-time trimesters or quarters) and eligible academic fees, up to a maximum of one-half of Johns Hopkins University's freshman undergraduate tuition. Please contact the Benefits Service Center at 410-516-2000 or benefits@jhu.edu for the current academic year maximum. Payment is limited to 4 years of full-time, undergraduate study per dependent child at any accredited, degree-granting institution.

Part-time, graduate, non-credit and remedial courses are not covered by the plan. Cooperative programs that do not offer academic credits are not covered by the plan. Payments may be made for fewer than twelve credits for graduating students in their final semester of Tuition Grant participation. Accredited institutions that do not offer degrees, but instead issue diplomas or certificates, are not eligible. Payments are available for mini-sessions and summer courses if the student has a remaining balance and meets the definition of a full-time student completing the degree-required credits for the academic year; the child is a full time student who will be attending college in the upcoming academic year - eligible for courses taken in Summer/Fall/Spring/Summer during his/her first year; or the child is a full-time student, continuing in the plan - eligible for courses taken Fall/Spring/Summer only; and the employee is in a full-time position when the child begins the mini-session or summer course. Students desiring to participate in study abroad programs must contact the Benefits Service Center as additional documentation may be required.

If other restricted tuition scholarship, remission and/or waiver support is received in addition to the Hopkins' tuition grant, the total combined tuition support may not exceed 100% of the tuition and eligible fees. If the total exceeds 100%, the Hopkins' grant will be offset by other scholarship support that-like the Hopkins' grant-is awarded only for tuition and eligible fees. Parents must notify Johns Hopkins University of additional scholarship, tuition remission and waiver support provided by other institutions. If the student drops a course(s), withdraws or is no longer full time as defined above, JHU will request a refund of 100% of the grant, or the maximum refund in accordance with the institution's withdrawal policy.

PART IX: Procedures:

1. Employee completes and returns the Tuition Grant Plan application to the Benefits Service Center.
2. The Office of Benefits Services will send a Grant Award Notice (GAN) to the student's college to request confirmation of tuition and fees after verifying employee, student and college eligibility.
3. The receiving college's authorized representative will indicate (on the bottom of the GAN) tuition and itemized fees charged to the student, sign and return the form to Office of Benefits Services by fax or mail.
4. The completed Grant Award Notice is reviewed for eligible costs and a payment request is prepared and sent to Accounts Payable for the student's eligible tuition and fees. Payments are disbursed directly to the college from Accounts Payable.

PART X: Certification:

I certify that I: 1) have read the entire form and provided accurate information as required ; 2) have completed two consecutive years of full-time university employment or have attached a waiver to the two-year, full-time university employment requirement or am a retiree; 3) have obtained a disability waiver from the Office of Institutional Equity (OIE) if necessary, 4) understand my signature on this application is binding for the term of my participation in the Tuition Grant Plan; 5) accept responsibility for the payment of tuition and fees, which are not eligible under the university's Tuition Grant Plan; and 6) understand it is my obligation to promptly repay any monies disbursed erroneously after notification by the university. **This form must be submitted by June 30th of the current academic year, in which the employee will participate. No payments can be made for prior academic years.**

Faculty/Staff Member/Retiree Signature: _____ Date: _____

Spouse/Domestic Partner Signature: _____ Date: _____

Sign **only** if also an eligible Faculty, Staff member or Retiree

Return completed form to: Benefits Service Center 1101 East 33rd Street Suite D-200 Baltimore, MD 21218 Fax: 443-997-5820