

TUITION EXCHANGE PROGRAM Eligibility Certification

This form must be completed by the employee seeking consideration for a Tuition Exchange Scholarship for his/her dependent. Please return this form to the Department of Human Resources either via email to AskHR@case.edu; via fax at 216.368.4678; or in person to Crawford Hall, Room 320. Authorization must be obtained from the Department of Human Resources by July 1, 2024. Eligibility Certifications will be submitted by the Department of Human Resources to the Office of Financial Aid, and employees will be notified by the Office of Financial Aid if they are eligible for certification.

Employee and Dependent Information	Employee Name: _____		CWRU Email: _____	
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Retiree	<input type="checkbox"/> Other _____
	Empl ID: _____	Department: _____	Title: _____	
	Campus Address: _____		Phone: _____	Student Name: _____
	Fall 2024 status: <input type="checkbox"/> First-year undergraduate student	<input type="checkbox"/> Transfer Student	<input type="checkbox"/> Continuing undergraduate student	

Employee Certification of Dependent Status	<p>I certify that: This student is my dependent and will be claimed as a dependent by me on my IRS Federal Income Tax Return for the tax year in which the benefits is received <i>and</i> I have attached a copy of the dependent listing of my most recent tax return; <i>or</i> I have provided alternate documentation as required by Case Western Reserve University; <i>and</i></p> <ol style="list-style-type: none"> 1. This student is my (select one): <input type="checkbox"/> biological child, adopted child, or child for whom I have legal custody; <input type="checkbox"/> child of my spouse or eligible domestic partner; <i>and</i> 2. This student is under 30 years of age at the beginning of the semester for which the Tuition Exchange Scholarship is being requested; <i>and</i>, 3. Appropriate dependent verification documents have been submitted to Human Resources. <p>I understand that authorization of this eligibility certification by the Department of Human Resources does not guarantee my dependent receipt of a Tuition Exchange Scholarship.</p> <p>The information I have provided on this form is true to the best of my knowledge. I understand that misrepresentation of any statement on this form will disqualify my dependent from consideration for a Tuition Exchange scholarship.</p> <p>Employee Signature _____ Date _____</p>
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Eligibility Certification by Human Resources	<p>This faculty/staff member <input type="checkbox"/> meets / <input type="checkbox"/> does not meet the eligibility requirements for the Tuition Exchange program for the academic year _____.</p> <p>Employee Service Date: _____ Employee Benefits Status: <input type="checkbox"/> Full-time</p> <p>Authorized by: _____ Date _____</p>
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