

**SOUTHERN ADVENTIST UNIVERSITY
2014-2015 SCHOOL YEAR**

EDUCATIONAL ASSISTANCE APPLICATION

NAME OF EMPLOYEE_____ ID#_____ DEPARTMENT_____

I hereby apply for tuition assistance for the following dependent children:

STUDENT'S NAME	GRADE	AGE	DATE OF BIRTH	DENOMINATIONAL SCHOOL ATTENDING	LIVE IN DORM?
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N

If your spouse is employed full time by an SDA institution, other than SAU, please list institution:_____

Date

Employee Signature

PLEASE RETURN THIS APPLICATION TO THE HUMAN RESOURCES OFFICE

FOR OFFICE USE ONLY:

Special Arrangements:_____

New Employees Only: Date of Hire_____

Date of Eligibility for Benefits_____

Approved for Educational Benefits by Human Resources Director:

Human Resources Director