



## AULTMAN COLLEGE TUITION REDUCTION PROGRAM FOR AULTMAN EMPLOYEES AND AULTMAN EMPLOYEE DEPENDENTS

### Purpose:

To Provide a tuition reduction program consistent with the needs of Aultman College approved facilities.

### Eligibility:

- Program is for current students who are employed with the Aultman Health System OR current students who are listed as dependents on an Aultman Health System Employee's taxes.
- **Student Employee** or **Employee Dependent** must be accepted into one of the following Aultman College programs: Associate of Science in **Nursing**, Bachelor of Science in **Nursing**, Associate of Science in **Health Sciences**, Bachelor of **Social Work**, Associate of Applied Science in **Radography**, or Associate of Applied Science in **Sonography** and meet all the program's admission requirements. **The following programs are not eligible for the tuition reduction program: Bachelor of Science in Nursing – Completion and Medical Assisting.**
- **Student Employee** or **Employee with Dependent** must be employed at an Aultman College approved facility through the end of the add/drop period of each semester (add/drop is listed on the [Academic Calendar](#)).
- **Student Employee** or **Employee with Dependent** must return a signed Tuition Reduction form **every semester**. For example, if you receive tuition reduction in the Fall, you will still need to turn in the tuition reduction form for the Spring semester.
- **Federal Work Study (FWS) Students:** By signing the Tuition Reduction Form, you agree to participate in the FWS program for the whole semester. Failure to do so will result in the reversal of the Tuition Reduction on your account. You will be responsible for any remaining balance.
- Employees may receive a tuition discount UP TO 20% of their tuition:
  - No student may receive more than \$3,000 in institutional funds per semester. Institutional Aid includes **merit scholarships, need-based scholarships, and the Tuition Reduction** program
- **DEPENDENTS:** Student receiving tuition reduction as a dependent **MUST** be a legal dependent of a current full- or part-time Aultman Health System employee, employed through the add/drop period of each semester. **A dependent student is defined as any student under the age of 24 who is not a parent, spouse, veteran, or emancipated as a minor.**
- **Students MUST complete a FAFSA to be eligible for Tuition Reduction.**

### Approval Process:

- Complete and Submit Tuition Reduction form no later than add/drop date of each semester.
- Employee's respective division must verify and sign the Tuition Reduction form each semester.
- Financial Aid and Billing will review, process, and apply the discount, as appropriate, after the college refund period each semester
- Tuition Reduction Amounts are approved by the Aultman College Board of Directors and are subject to change.

**NOTE: Tuition Reduction is applied after Week 4 of the semester. Tuition Reduction is for tuition only, not fees.**



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**PART A – BASIC INFORMATION**

STUDENT LAST NAME                      FIRST                      MI                      STUDENT ID NUMBER

STUDENT BIRTHDATE                      STUDENT PHONE #                      SEMESTER (Ex: Fall 2026)

**PART B – EMPLOYMENT INFORMATION**

Are you an Aultman Health System Employee? (circle)                      Yes      No      EMP ID: \_\_\_\_\_

Are you a Dependent of an Aultman Health System Employee? (circle)                      Yes      No      PARENT EMP ID: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

**PART C – PROGRAM/FACILITY INFORMATION**

**Program (circle one)**

Nursing: ASN      BSN      Imaging: AASR (RAD)      AASDMS (SONO)      Health Sciences: ASHS

**FACILITY (circle one)**

Aultman Health System      My Community Health      Pomerene Hospital      The Schroer Group and Affiliates

**PART D – SIGNATURES**

I understand I must submit this signed Tuition Reduction Program form to Aultman College by 4:30 pm on the 100% add/drop date of the main term of the semester as it is posted in the academic calendar. I understand that it is my responsibility to check with Financial Aid in writing if I am confused by this deadline. Failure to do so will result in forfeiture of the tuition reduction for all terms for that semester (main, A, and B). I understand that I cannot submit this Tuition Reduction Program form any earlier than the finals week of the previous semester for which this form will be applied. I understand that this form will need to be submitted each semester for which I, the employee, am seeking Tuition Reduction.

\_\_\_\_\_  
**Signature of Student/Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PRINT MANAGER’S NAME & TITLE**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**PHONE NUMBER**

By signing below, I am confirming that the employee listed above is employed by an Aultman College approved facility and that I am their direct manager.

\_\_\_\_\_  
**MANAGER SIGNATURE**

\_\_\_\_\_  
**DATE**