



AULTMAN COLLEGE TUITION REDUCTION PROGRAM

Purpose:

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

Eligibility:

1. Employee must be accepted into any of the following: Associate of Science in Nursing, Bachelor of Science in Nursing, Associate of Science in Health Science, Bachelor of Science in Health Science, or Associate of Applied Science in Radiography, and meet all the program's admission requirements. **The Bachelor of Science in Nursing Completion (BSNC) program is not eligible.**
2. Employee must be employed at an Aultman College approved facility through the end of the add/drop period each semester (4:30 pm on the add/drop date as it is posted in the academic calendar).
3. Employee must return the signed Tuition Reduction Program form, including verification of employment, to Aultman College no later than the end of the add/drop period each semester (4:30 pm on the add/drop date as it is posted in the academic calendar) for which the employee is seeking tuition reduction. The completed form must be signed by the employee's direct manager **each semester**.
4. Employees receiving scholarships in which 100% of tuition and fees are paid in full are ineligible for the Tuition Reduction Program.
5. Federal Work Study Students: By signing the tuition reduction form, you are agreeing to participate in the Federal Work Study 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 leftover balance.
6. Students may only receive one college sponsored discount.

Approval of Funds:

Process

1. To receive the Aultman College Aultman Employee Tuition Reduction, Aultman College student employees must complete and submit the Tuition Reduction Program form to the college office no later than the end of the add/drop period **each semester** (4:30 pm on the add/drop date as it is posted in the academic calendar).
2. Manager of employee's respective division must verify and sign the Tuition Reduction Program form each semester.
3. The Financial Aid Administrator will review, process the form, and apply the discount, as appropriate, after the end of the college refund period each semester (see academic calendar for dates each semester).
4. Tuition Reduction amounts are approved by the Aultman College Board of Directors and are subject to change.



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Program Guidelines

Tuition reduction will be applied after week 4 of the semester. Aultman College fees are not eligible for the reduction.

STUDENT'S LAST NAME	FIRST NAME	M.I.	STUDENT'S ID NUMBER
PERMANENT STREET ADDRESS			STUDENT'S PROJECTED GRADUATION DATE
CITY	STATE	ZIP CODE	STUDENT'S SOCIAL SECURITY NUMBER
STUDENT'S EMAIL ADDRESS			STUDENT'S PHONE NUMBER

What semester are you submitting this form for? _____

What program are you enrolled in? *THE BACHELOR OF SCIENCE IN NURSING COMPLETION (BSNC) IS NOT ELIGIBLE FOR TUITION REDUCTION

ASN (Nursing)		AASR (Radiography)		BSHS (Health Sciences)	
BSN (Nursing)		ASHS (Health Sciences)		BSW (Social Work)	

What facility do you work in?

Aultman Health Foundation		Altercare	
My Community Health Center		Pomerene Hospital	

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 submitting the form by the B subterm 100% add/drop date is acceptable only if I am not enrolled in the main term or A subterm of the semester. 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

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.		
Signature of Manager		Date