



## AULTMAN DEPENDENT TUITION REDUCTION PROGRAM

### Purpose:

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

### Eligibility:

1. Student must be a legal dependent of a current full or part time Aultman Health Foundation employee, employed through the end of the add/drop period each semester (4:30 on the add/drop date as it is posted in the academic calendar). **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.**
2. Student 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 Social Work, or Associate of Applied Science in Radiography, and meet all the program's admission requirements.
  - a. **The Bachelor of Science in Nursing Completion (BSNC) and the Medical Assisting (MA) programs are not eligible for tuition reduction.**
3. Student 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. Students may only receive one college sponsored discount.
5. Employees may receive a tuition discount **up to** 20% of their tuition.
  - a. No student may receive more than \$6,000 in institutional funds per academic year. Institutional aid includes merit aid (Caduceus Scholarship, Trustee Scholarship, Dean Scholarships, Faculty Scholarship, Aully Scholarship), need based aid (Nightingale Scholarship), and the tuition reduction program.

### Approval of Funds:

#### **Process**

1. To receive the Aultman Dependent 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. Employee's respective division manager must verify and sign the Tuition Reduction Program form each semester.
3. Student must file their FAFSA for the corresponding academic year.
4. 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).
5. Tuition Reduction amounts are approved by the Aultman College Board of Directors and are subject to change.

#### **Program Guidelines**

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



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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 BIRTHDATE
PARENT’S LAST NAME	FIRST NAME	M.I.	PARENT’S EMPLOYEE NUMBER

What semester are you submitting this form for? \_\_\_\_\_

What program are you enrolled in?

ASN (Nursing)	
BSN (Nursing)	

AASR (Radiography)	
ASHS (Health Sciences)	

BSW (Social Work)	

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.

\_\_\_\_\_  
**Employee/Parent Name**                                      **Signature of Employee/Parent**                                      **Date**

\_\_\_\_\_  
**Student Name**    **Signature of Student**    **Date**

MANAGER’S NAME & TITLE	DEPARTMENT	PHONE NUMBER
<p><b>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.</b></p>		
Signature of Manager	Date	