

## **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 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.
- 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. 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 remaining balance.
- 5. Students may only receive one college sponsored discount.
- 6. 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 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.

#### **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			
				<u> </u>			
PERMANENT STREET ADDRESS				STUDE	NT'S PROJECTED GRADUA	TION DATE	
CITY		STATE	ZIP CODE	STUDE	NT'S SOCIAL SECURITY NU	MBER	
STUDENT'S EMAIL ADDRESS			STUDE	NT'S PHONE NUMBER			
What semester are you submitting this form for?				_ Student's Employee ID #:			
What program are you enrolled in	1? *THE BACHELO	OR OF SCIENCE IN NURSING	COMPLETION (BSN	C) IS NOT ELIGIBLE	FOR TUITION REDUCTION		
ASN (Nursing)		AASR (Radiograp			BSW (Social Work)		
SN (Nursing)		ASHS (Health Sciences)					
M/hat facility do you work in?				<u>.                                      </u>			
What facility do you work in?  Aultman Health Foundation		The Schroer Affiliates	Group and				
My Community Health Center		Pomerene Hospi	tal				
I understand I must submit this s date of the main term of the sen	_	_					
subterm 100% add/drop date is a					_		
that it is my responsibility to che forfeiture of the tuition reductior Reduction Program form any ea understand that this form will nee	n for all term arlier than t	ns for that semeste the finals week of	er (main, A, and the previous	d B). I under s semester fo	stand that I cannot submi or which this form will I ee, am seeking Tuition Rec	it this Tuition be applied. I	
Signature of Student/Employee					Date		
MANAGER'S NAME & TITLE DEPARTMENT				PHONE NUMBER			
By signing below, I am confirmithat I am their direct manager.	ing that the	employee listed a	bove is emplo	oyed by an A	ultman College approved	facility and	
Signature of Manager					Date		