

TUITION ASSISTANCE APPLICATION - PUC EMPLOYEE DEPENDENTS



One Angwin Avenue
Angwin, CA 94508

Human Resources
(707) 965-6231
(707) 965-6400 FAX

STUDENT NAME

_____ _____ _____
Last First Middle
_____ _____
Date of Birth PUC ID #

EMPLOYEE INFORMATION

Employee Name: _____ _____ _____ _____
Last First Middle PUC ID#
Employee's work department: _____ Hourly Salary

I, _____ have read and understand the tuition assistance policy implemented by Pacific Union College. I request my organization to remit, on my behalf, assistance for my dependent.

Employee signature: _____ Date: _____

Does spouse's employer provide additional tuition assistance? If so, indicate percentage amount: _____

Have you received substity assistance from another institution? If so, indicate amount: _____

SCHOOL INFORMATION

Attending: PUC PUC Elementary PUC Prep Discoveryland Other
If you checked "Other", please include the school's name, address, and phone number:
School: _____ Phone Number: _____
Address: _____

ATTENDANCE INFORMATION

Student's year in school: _____ Student's age: _____
Year Attending: _____ Terms Attending: Fall Winter Spring Summer
Student is living: At home In residence hall Away from home / In village

For office use only:
Tuition assistance percentage: _____
Approved by: _____ Date: _____
Starting date of tuition assistance: _____