



## TUITION AUTHORIZATION FOR CHILD

Please complete and sign.

**BEFORE REGISTERING** return this form by email to: [SCBENEFITS@SCHOOLCRAFT.EDU](mailto:SCBENEFITS@SCHOOLCRAFT.EDU), in person or mail: (GC160) or fax: 734-462-4329.

EMPLOYEE'S NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

SEMESTER & YEAR: \_\_\_\_\_ Traditional PPL

1.	Is this child a son, stepson, daughter, stepdaughter?	Yes	No
2.	Is this child a U.S. citizen or resident, or a resident of Canada or Mexico, for some part of this calendar year?	Yes	No
3.	Please provide the child's birthdate.	_____	

**Please note: This benefit is available to dependents through the end of the calendar year that they turn twenty-six (26) years old.**

I verify that the above statements are true in all respects. I understand that any tax liability, interest or penalty arising from false statements will be paid by me.

For tuition grants requested by faculty beginning with Winter 2019 credit courses, in order for the grant to be applied, the student must meet two criteria of Satisfactory Academic Success as defined under Title IV: successful completion of 67% of SC credit hours attempted or be a first time student and have a SC GPA of at least 2.0.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use:

Authorized by and date: \_\_\_\_\_