

2017-2018 Tuition Assistance Application

Please fill in information <u>completely</u> to avoid delay in processing your application and then submit to the Employee Benefits Office, Human Resources. Questions? Please call 269.471.3886 or email benefits@andrews.edu.

EMPLOYEE'S INFORMATION:					
Employee's Name Department			_ AU ID#		
Occupation			_AU ID# (if any) _ 		
DEPENDENT'S INFORMATION:					
Full Name of Dependent(s) AU ID (if any)	Birth Atter		Level		
I,	tion to remit, or	n my behalf, assistand	ce for my dependen	icy implemented b ^o t(s).	/ Andrews
FOR ANDREWS UNIVERSITY EN Financial assistance for the above-			is/are hereby appr	oved. Education s	ubsidy will
be sent directly to:	Dependent(s)	Depend	ent(s)	Tuition Assista	ance %
Andrews University Andrews Academy Ruth Murdoch Elementary School Other				- ————————————————————————————————————	- - -
Starting Date of Tuition Assistance					_
Authorized by			Date:		