

LUTHER COLLEGE

2023-24 TUITION BENEFIT PROGRAM CONFIRMATION FORM

Mail to Doreen Bidne, Office of Vice President for Enrollment Management, by May 15, 2023

(Please Print)

Employee Name: _____

Employee's Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Name of Dependent: _____

Dependent's Date of Birth: _____

Dependent's COLLEGE Grade Level in 2023-2024 (Circle): First-Year Sophomore Junior Senior

What Tuition Benefit Program are you accepting? (Please check the appropriate box and circle/write in the name of the school your dependent will be attending.)

ACM (*Circle college attending*) Beloit Coe Colorado College Cornell College Grinnell Knox Lake Forest Lawrence
Macalester Monmouth Ripon Saint Olaf

ELCA (*Circle college attending*) Augsburg Augustana (IL) Augustana (SD) Bethany California Lutheran Capital
Carthage Concordia Finlandia Gettysburg Grand View Gustavus Lenoir-Rhyne Muhlenberg
Pacific Lutheran Roanoke Texas Lutheran Thiel Wagner Wartburg Wittenberg

Luther (Attending Luther)

NTE Name of College Attending _____

Employee Signature

Date

Financial Aid Office 563.387.1018 P 800.458.8437 P 563.387.2241 F finaid@luther.edu

Luther College 700 College Drive Decorah, Iowa 52101-1045 www.luther.edu