

LUTHER COLLEGE

2024-25 TUITION BENEFIT PROGRAM CONFIRMATION FORM

Mail to Doreen Bidne, Office of Vice President for Enrollment Management, by May 15, 2024

Employee Name:

Employee's Job Title:

Employee Email:

Address:

Name of Dependent:

Dependent's Date of Birth:

Dependent's COLLEGE Grade Level in 2024-2025 (Select):

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

ACM (*select college attending*)

ELCA (*select college attending*)

Luther (*Attending Luther*)

NTE (Name of College Attending)

Employee Signature

Date