

# LUTHER COLLEGE

## 2024-25 APPLICATION FOR TUITION BENEFIT PROGRAM

*Mail to: Doreen Bidne, Office of Vice President for Enrollment Management, by October 1, 2023*

**Employee Name:**

**Employee's Job Title & Dept:**

**Address:**

**Employee Email:**

**Phone:**

**Name of Dependent:**

**Dependent's Date of Birth:**

**Last Four digits of dependent's SSN:**

**Dependent's COLLEGE Grade Level in the fall of 2024-2025**

**Are you requesting this benefit for this dependent for the first time?**

### Tuition Benefit Programs:

*(Please check each appropriate box and provide a list of schools to which your dependent is thinking of applying.)*

**ACM (Select your choices)**    Beloit    Coe    Colorado College    Cornell College    Grinnell    Knox  
Lake Forest    Lawrence    Macalester    Monmouth    Ripon    Saint Olaf

**ELCA (Select your choices)**    Augsburg    Augustana (IL)    Augustana (SD)    Bethany    California Lutheran  
Capital    Carthage    Concordia    Finlandia    Gettysburg (goes through NTE)    Grand View    Gustavus    Lenoir-Rhyne  
Muhlenberg    Pacific Lutheran    Roanoke    Texas Lutheran    Thiel    Wagner (goes through NTE)    Wartburg  
Wittenberg

**Luther**

**NTE**

Completion of this form allows the Admissions Office to determine your eligibility for the Tuition Benefit Program. If you are deemed eligible based on Luther College policy, the Admissions Office will submit the appropriate paperwork to the receiving institution(s).

**Employee's Signature**

**Date:**

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***To be completed by the Office of Human Resources***

**Employment Status:**    Full time    3/4 time    5/7 time    1/2 time    Less than 1/2 time

**Eligibility Date based on the above employment status**

**Human Resources Signature**

**Date:**