

LUTHER COLLEGE

2025-26 TUITION BENEFIT PROGRAM CONFIRMATION FORM

Mail to Doreen Bidne, Office of Vice President for Enrollment Management, by May 15, 2025

Employee Name:

Employee's Job Title:

Employee Email:

Address:

Name of Dependent:

Dependent Email:

Dependent's Date of Birth:

Dependent's COLLEGE Grade Level in 2025-2026 (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