

2025-26 TUITION BENEFIT PROGRAM CONFIRMATION FORM

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

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	Employee Name:	
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Employee Signature Date	Luther (Attending Luther)	
	NTE (Name of College Attending)	
Financial Aid Office 563.387.1018 p 800.458.8437 p 563.387.2241 f finaid@luther.edu	Employee Signature Date	
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	Financial Aid Office 563.387.1018 p 800.458.8437 p 563.387.2241 r finaid@luther.edu	