

# LUTHER COLLEGE

## 2026-27 TUITION BENEFIT PROGRAM CONFIRMATION FORM

*Mail to Doreen Bidne, Office of Vice President for Enrollment Management, by May 15, 2026*

**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 2026-2027(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)

**I will not be using the benefit**

Employee Signature

Date