

# LUTHER COLLEGE

## 2027-28 TUITION BENEFIT PROGRAM CONFIRMATION FORM

*Mail to Doreen Bidne, Office of Vice President for Enrollment Management, by May 15, 2027*

**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 2027-2028(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