

Comment

Google Sheet

## TUITION REMISSION APPLICATION 2025-2026 Academic Year

Custom Data > Text

| Student   |  |                                       | ID#                                     | Birthdate                                  | _//      |
|---|--|---------------------------------------|---|--|----------|
|   | Last Name  | First Name                            |   |  |          |
|   | Street   |                                       | City                                    | State                                      | Zip      |
| Student is  |  | e                                     | <b>elor's</b> degree <sup>4</sup> from: |  |          |
| Employee  | 's Name  |                                       |   | BU Start Date                              | _//      |
| Departme  | nt Campus  | s Email                               |   | Ext  |          |
|   | pplication Qualifies for Tuitione Employee <sup>1</sup>  |                                       |   | e <i>student</i> ):<br>☐ Retired Employee⁴ |          |
| Full-tim  | e Employee Dorm Staff <sup>1</sup>   | Part-time Facu                        | lty [                                   | <b>Spouse</b> of Retired                   | Employee |
| Spouse  | e of Full-time Employee <sup>2</sup>   | Spouse of Par                         | t-time Faculty [                        | Child of Retired Er                        | nployee  |
| <b>Child</b> of Full-time Employee <sup>3</sup>   |  | Child of Part-ti                      | me Faculty                              |  |          |
| Student Sign                                      | ature (Must be a har   | dwritten signature)                   | Date                                    |  |          |
| Eligible Empl                                     | oyee's Signature (Must be a ha   | ndwritten signature)                  | Date                                    |  |          |
| provide ad  | ovide the Following Docume<br>ditional documentation):<br>ependent: 2024 Feder<br>Spouse: Marriage C<br>** Remission will not be       | ral 1040 (top portion)<br>ertificate  | or 25-26 F<br>or 2024 F                 | AFSA<br>ederal 1040 (top port              |          |
| <sup>1</sup> An eligible full-ti<br><u>Plan</u> . | me employee must meet the definition of "  | Regular full-time employees" as d     | efined in the Bradley University        | IRS approved <u>Educational Assist</u>     | ance     |
| <sup>2</sup> The spouse of a                      | in employee is eligible if married to the em   | ployee on the first day of the acad   | emic term for which the benefit         | is being requested.                        |          |
| Otherwise eligible                                | natural child, adopted child, stepchild, or le<br>e children of eligible employees not claime<br>e are considered eligible dependents. |                                       |   |  |          |
| <sup>4</sup> Under current I                      | RS rules, these categories of eligibility are  | partially or fully taxable to the emp | oloyee.                                 |  |          |
| PLEASE RETU                                       |  | at bradley.leapfile.net (u            | ise <u>bufinaid@fsmail.bra</u>          | <mark>adley.edu</mark> as recipient)       |          |
| For Office U                                      | se: UorG 🗌 2   | <sup>nd</sup> Bachelors Ma            | or:                                     | TR Code:                                   |          |

Communication