



**FAMILY TUITION GRANT PROGRAM**

**Criteria for Eligibility:**

1. The employee must meet the length of service and/or minimum hours worked requirement in order for his/her dependent to qualify for this grant.
2. The student must be an IRS dependent of the employee, under the age of 25, or the spouse of the employee to be eligible for this program.
3. Tuition grant(s) provided by Mid to dependent(s) are capped at a maximum of 62 credit hours.
4. Family Tuition Grant includes tuition and all fees except for the Student Activity Fee for Mid Michigan College credit courses.
5. The student (dependent) must obtain the written approval of an academic advisor for the courses enrolled each semester.
6. A 2.0 cumulative grade point average must be maintained to qualify for the grant program. Failure to achieve a 2.0 cumulative GPA each semester will result in ineligibility for the grant for the following semester and subsequent semesters until a 2.0 cumulative GPA is re-established.
7. Should the student drop any course(s) beyond the full refund date, for any reason, he/she will be responsible for repayment to the college for the incurred tuition and fees to the college.
8. Human Resources will review the student’s grades at the end of each semester to determine eligibility for subsequent grant requests and will notify the dependent and employee of any ineligibility.
9. I understand and agree to abide by all requirements for participation in the Employee Tuition Grant Program:

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the Employee:**

Employee Name: \_\_\_\_\_

MID ID# : \_\_\_\_\_ Hire Date: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Scheduled Work Hours or Contact Hours Assigned for this semester: \_\_\_\_\_

**To be completed by the Student:**

Student Name: \_\_\_\_\_

MID Student ID # : \_\_\_\_\_

\*Additional info on back



Semester Start Date: \_\_\_\_\_ Total Credit Hours Requested: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

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Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Approved By: \_\_\_\_\_

*Academic Advisor Name*

*Date*

Date Sponsorship Entered: \_\_\_\_\_ AR Signature \_\_\_\_\_

*The approved amount of your Family Tuition Grant will be counted as a Financial Aid resource. If you are receiving other types of aid, please contact the Financial Aid Office.*

**HUMAN RESOURCES OFFICE USE ONLY**

How many credits have been completed by the family member under the family tuition grant (maximum of 62 credit hours)? \_\_\_\_\_

Is the student's G.P.A. 2.0 or better? YES NO

Is the child an IRS dependent of the employee (under the age of 25)? YES NO

**Adjunct Faculty:**

How long has Adjunct Faculty been employed at MID? \_\_\_\_\_ (minimum of 3 years)

How many credit hours are taught within each semester during the academic year for which the student is requesting tuition grant? Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring/Summer \_\_\_\_\_

**HR Comments:**

*HR Approval Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Verification of Cumulative GPA at end of Semester

Tuition Denied Next Semester

Cumulative GPA: \_\_\_\_\_

YES

NO