

# CENTRAL ARIZONA COLLEGE

## EMPLOYEE TUITION GRANT

Campus: \_\_\_\_\_

Eligible Person: \_\_\_\_\_

Term: \_\_\_\_\_

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Eligible Dependent:

(Select one below for relationship to eligible person. Must live with and depend upon eligible person for principal support.  
If selecting legal guardianship, documents must be on file with **Talent Development**.)

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Eligible Person's Name (Please Print): \_\_\_\_\_ Department: \_\_\_\_\_

I certify that I am currently a full-time or part-time employee, or a governing board member, and the student named qualifies for the Employee Tuition Grant as checked above.

Eligible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_