

TW Spreadsheet:

Office of Human Resources University of the Incarnate Word

SACHS Tuition Waiver Application

Please return to Mallory Angier in Human Resources angier@uiwtx.edu	
Dependent's First Name:	Dependent's Last Name:
Dependent's Address:	Dependent's Telephone:
Dependent's E-mail Address:	Dependent's SSN:
Dependent's Classification: □ Freshman □ Sophomore □ Junior □ Senior Academic Year	Has the dependent applied for Admission to St. Anthony Catholic High School? ☐ Yes ☐ No
Employee's Last Name:	Employee's First Name:
Employee's PIDM:	Employee's Department:
Employee's Classification: (Staff, Administrator or Faculty)	Employee's Email Address:
Employee's Date of Full-Time Employment:	Employee's Telephone:
I hereby certify that I am applying for the SACHS Tuition Waiver offered for full-time employees of the University of the Incarnate Word. I affirm that the child (ren) I am applying for is/are my legal eligible dependent(s). In addition, I have read the Tuition Waiver guidelines and understand the eligibility requirements.	
Employee Signature	Date
Do you have other dependent's participating in the high school tuition waiver program? ☐ Yes ☐ No	If yes, list their name(s), current school and classification:
Human Resources Use - Tuition Waiver Eligibility Information:	
Approval: □ Yes □ No	

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