



Office of Human Resources University of the Incarnate Word

2019-2020 High School Tuition Waiver Application

Please return to Mallory Angier in Human Resources

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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: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior Is dependent transferring from Incarnate Word HS, SACHS or UIW Prep? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the dependent applied for Admission to approved Catholic High School? <input type="checkbox"/> Yes <input type="checkbox"/> No Please select school student will attend: <input type="checkbox"/> IWHS <input type="checkbox"/> SACHS
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:
<p>I hereby certify that I am applying for the High School 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.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <p>_____</p> <p>Employee Signature</p> </div> <div style="text-align: center; width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>	
Do you have other dependent's participating in the high school tuition waiver program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list their name(s), current school and classification:

Human Resources Use - Tuition Waiver Eligibility Information:

Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
TW Spreadsheet: