**Policy No. *6.031a***

NORTHWEST
LOUISIANA TECHNICAL COMMUNITY COLLEGE

EMPLOYEE REQUEST FOR EMPLOYEE (ACTIVE OR RETIRED) CHILD, DEPENDENT OR SPOUSE TUITION REDUCTION

Step 1: EMPLOYEE

Employee's Name _____ Academic Year and Semester: _____

Student's Name _____ SID (not SSN):_____

Student's Address _____

Student's City, State, Zip _____ Student's Telephone # _____

Please indicate the type of application: _____ Employee _____ Child or Dependent _____ Spouse

Is this a new request or continuing request? _____ 1st Time Request _____ Continuing Request

_____ I have attached all required documentation (PELL letter; scholarship or grant information; birth certificate or marriage license for 1st time request) which identifies the above student as my child, dependent or spouse.

Signature of Employee: _____ Date: _____

Step 2: SUPERVISOR

Signature of supervisor: _____ Date: _____

Step. 3: HUMAN RESOURCES

This is to verify that _____is a full-time, permanent employee (active or retired) of LCTCS.
If the request is for an employee, has the employee been employed less than one year? _____
*If an employee has not been employed for one year, the documented exception from the Chancellor must be attached.*

Signature of Human Resources Director: _____ Date: _____

Step 4: FINANCIAL AID OFFICER

I verify this person is: _____NOT receiving any aid _____Receiving PARTIAL aid _____Receiving FULL aid

Signature of Financial Aid Officer: _____ Date: _____

Step 5: CHANCELLOR

Signature of Chancellor: _____ Date: _____

Step 6: FINAL REVIEW BY FINANCIAL AID DIRECTOR

Signature of Financial Aid Director: _____ Date: _____