**Dependent Tuition Benefit Application**

<table>
<thead>
<tr>
<th>Employee Name</th>
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<tbody>
<tr>
<td>Dependent Student Name</td>
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<tr>
<td>Dependent Date of Birth</td>
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<tr>
<td>Name of Institution</td>
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<td>Address of Institution</td>
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<td>Semester/Year</td>
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**I certify that I meet the employee eligibility requirements of the Dependent Tuition Benefit.** *(Check applicable eligibility category of applicant)*:

- □ I am an active full-time employee of the College and have four years or more years of eligible service, OR
- □ I am an active part-time employee of the College, and have worked in a(n) eligible position(s) for the equivalent of at least 4 full-time years, OR
- □ I am an active, tenured faculty member, OR
- □ I have College Retiree status, OR
- □ I previously met the eligibility qualifications for the dependent tuition benefit but left employment at the College due to a disability, OR
- □ I am the qualifying dependent of an employee or retiree who previously met the eligibility requirements for this benefit, but who is now deceased, OR
- □ I meet the special rules that apply to new employees (including approval by the AVP of HR/OD).

**I certify that during the entire 4 year waiting period I had an eligible relationship with the student for whom I am applying for the benefit.** *(Check applicable relationship)*:

- □ The student is my natural child, OR
- □ The student is my legally adopted child, OR
- □ The student is my stepchild, and ALL of the following apply:
  - o My spouse is the natural parent, OR my spouse is the legally adoptive parent of the child, AND
  - o I was married to (or in a Civil Union with) the child’s biological or adoptive parent, AND
  - o My spouse and/or I had a qualifying tax relationship to the child *(check which applies)*:
    - ◊ I claimed the child as a dependent on my federal income tax form, OR
    - ◊ My spouse (or Civil Union Partner) claimed the child as a dependent on his or her federal income tax return, OR
    - ◊ My spouse and I claimed the dependent on our joint return, OR
    - ◊ My spouse (or civil Union Partner) was the custodial* parent of the child for federal income tax purposes.
I certify that during the Tax Year of the semester or trimester for which I am hereby applying for the Dependent Tuition Benefit the student is my tax dependent, as defined by the IRS. (Check applicable category):

- The student will be claimed by me as a dependent on my federal income tax return; OR
- I am the custodial parent of the child for federal income tax purposes and have signed an IRS Form 8332 releasing a claim to a federal tax exemption for the child (attach a copy of signed form); OR
- A CPA, tax attorney or other tax professional has attested to the status of the child as my dependent, as defined by Section 152 of the Internal Revenue Code. A copy of such attestation is attached.

I certify that during the semester or trimester for which I am applying for the Dependent Tuition Benefit the student meets all of the other eligibility requirements. (Must check ALL boxes to qualify):

- Is less than 26 years old at start of semester.
- Is enrolled full-time (except that the final semester of the senior year may be part-time) at:
  - Middlebury College, OR
  - An accredited undergraduate college, OR
  - An accredited technical school.
- Is in good academic standing.

I agree to immediately notify Human Resources if my child’s status changes during the benefit period, and if requested to do so, I agree to provide Human Resources with a copy of records (such as tax forms, marriage or CU license, adoption forms, college enrollment certification, etc.) which may be necessary to verify eligibility for this benefit.

__________________________________
Employee signature Date

*The term “custodial parent” means the custodial parent for purposes of Section 152(e) of the Internal Revenue Code. In order to be the custodial parent under Code Section 152(e), the parent must be the parent with whom the child resides the greater number of nights during the calendar year.*