

**Ranger College
Faculty/ Staff
TUITION WAIVER APPLICATION**

STUDENT'S NAME _____

SSN# _____

BIRTHDATE ____ / ____ / ____

STREET CITY STATE _____ ZIP _____

EMPLOYEE'S NAME _____

DEPARTMENT _____

CAMPUS EMAIL _____ EXT. _____

APPLICANT QUALIFIES FOR TUITION WAIVER AS (to be completed by the student):

- ___ Full-time Employee
- ___ Spouse of Full-time Employee
- ___ Child of Full-time Employee
- ___ Senior Citizen
- ___ Deceased Employee Dependent
- ___ Other _____

AS THE ELIGIBLE RANGER EMPLOYEE, I CONFIRM THAT THE ABOVE REFERENCED STUDENT MEETS THE UNIVERSITY'S DEFINITION OF *ELIGIBLE CHILD* OR *ELIGIBLE SPOUSE* AND UNDERSTAND THAT ***IF I DO NOT FILE A "FAFSA" I WILL BE REQUIRED TO DOCUMENT THEIR ELIGIBILITY.*** I AM AWARE OF THE RANGER COLLEGE'S POLICY FOR THE AWARDING OF RANGER-FUNDED ASSISTANCE WITH OTHER FEDERAL AID PROGRAMS THAT CAPS THE TOTAL OF ALL COLLEGE-FUNDED AID TO THE RECIPIENT'S COST.

APPLICANT IS ENROLLED AS:

___ Undergraduate Student ___ Undergraduate with a previous bachelors

___ Dual Credit High School Attending _____

Fall 20___ Winter 20___ Spring 20___ Summer 20___

STUDENT SIGNATURE/DATE _____

ELIGIBLE EMPLOYEE'S SIGNATURE/DATE _____

I verify the employee mentioned above is a full-time employee of Ranger College and eligible for tuition benefits.

HUMAN RESOURCES SIGNATURE/DATE _____

This form needs to be submitted to Human Resources every semester prior to submitting to the Financial Aid Office.