

# MOTT COMMUNITY COLLEGE

## EDUCATIONAL GRANT WAIVER & INFORMATION FORM

**This form must be on file in the Human Resources Office in order to receive tuition waiver for either credit or non-credit classes. A new form must be completed if any of this information changes.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID (Datatel ID)

I. Are you a full-time\_\_\_\_\_ or part-time\_\_\_\_\_ employee? Employment Date \_\_\_\_\_

II. Please indicate your bargaining unit. For reference purposes, the appropriate article and section pertaining to the Educational Grant is shown:

- |   |  |
|---|--|
| _____ Exempt Manager (See Benefits Summary)     | _____ ProTech (Article 12, Section 6)      |
| _____ Exempt Non-Manager (See ProTech contract) | _____ S&M (Article 19, Section 5)          |
| _____ Faculty (Article X, Section V)            | _____ Sec/Clerical (Article IV, Section K) |
| _____ M&O (Article 19, Section E)               | _____ Public Safety (Article 20)           |

III. List your spouse and legal eligible dependents as defined by the United States Internal Revenue code:

|                |                 |          |
|----------------|-----------------|----------|
| Spouse_____    | Birth Date_____ | SSN_____ |
| Dependent_____ | Birth Date_____ | SSN_____ |
| Dependent_____ | Birth Date_____ | SSN_____ |
| Dependent_____ | Birth Date_____ | SSN_____ |
| Dependent_____ | Birth Date_____ | SSN_____ |
| Dependent_____ | Birth Date_____ | SSN_____ |

**NOTE: Have you, your spouse, and eligible dependents ever completed an Application for Admission with the Admissions Office? If not, you must do so before Human Resources can set you up for tuition waiver eligibility for credit classes. For non-credit classes, you must apply at the Continuing Education Office.**

I accept complete and full responsibility for payment of any and all sums due for tuition incurred by me, my spouse, and eligible dependents in the event of failure to meet the requirements as outlined in my union contract concerning enrollment at Mott Community College as it pertains to the Educational Grant:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date