

## 2023-2024 Tuition Assistance Application

**Please fill in information** <u>completely</u> to avoid delay in processing your application and then submit to the Employee Benefits Office, Human Resources. Questions? Please call 269.471.3886 or email benefits@andrews.edu.

EMPLOYEE'S INFORI	MATION:					
Employee's Name Department			AU	AU ID# (if any)		
Spouse's Name Occupation Employer Address/Telephone						
DEPENDENT'S INFO	RMATION:					
Full Name of Dependent(s)	AU ID (if any)	, ,	Name of School ttending in 2023-2024	Level	Dormitory or Commute	
University. I request i	my organizat	cion to remit, on	d understand the tuitior my behalf, assistance fo	or my dependent(s).		
Employee's Signature				Date:		
FOR ANDREWS UNIV	VERSITY EM	IPLOYEE BENEI	FITS OFFICE USE:			
Financial assistance fo be sent directly to:	r the above-	referenced empl	oyee's dependent(s) is/a	are hereby approved	. Education subsidy will	
be sent directly to.		Dependent(s)	Dependent(	(s)	Tuition Assistance %	
Andrews University		-				
Andrews Academy						
Ruth Murdoch Elementary School						
Griggs International Academy See here for additional inf						
Other						
Starting Date of Tuitio	n Assistance					
Authorized by				Date:		