



**2020-2021  
DEPENDENT TUITION GRANT APPLICATION**

**DEADLINES** (Based off drop deadlines according to the office of the Registrar)

Fall September 4, 2020	Interim December 16, 2020	Spring January 25, 2021	Summer May 27, 2021
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**TERM(S) APPLYING FOR:**  Fall 2020  Interim 2020  Spring 2021  Summer 2021  
*\*I understand if I miss the deadline to turn in the application, I will not receive the grant for previous terms.*

**STUDENT INFORMATION**

**STUDENT NAME** \_\_\_\_\_  
**BEAR #** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ (An eligible child must be under age 25)  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
**PROGRAM LEVEL**  Undergraduate  Graduate (An eligible dependent must be admitted and enrolled by 9/1/19)  
**DEGREE PROGRAM** \_\_\_\_\_

**STUDY ABROAD & THE MBA PROGRAM ARE NOT COVERED UNDER THE TUITION GRANT**

**EMPLOYEE INFORMATION**

**EMPLOYEE NAME** \_\_\_\_\_  
**BEAR #** \_\_\_\_\_  
**EMPLOYEE CLASSIFICATION**  Faculty  Professional Administrative  Classified

**REQUIRED CHECKLIST** (If any section is not completed, your grant paperwork will not be accepted)

- Is the student your spouse? (Attach proof of marriage) **OR**
- Is the student your eligible child under the age of 25? (Attach proof of dependency)
- Did the student apply for FAFSA and COF? (Please apply before completing paperwork)
- Did the student apply for the UNC scholarship?
- Is the student classified as an in-state Colorado resident? (If not, you understand you are liable for the out-of-state tuition portion until you apply and are accepted as an in-state Colorado resident).

By signing below, we, the Employee and the Dependent (as listed above), acknowledge that we understand the above information and guidelines listed in the board policy for receiving Dependent Tuition Grant. We also understand that we may be subject to taxation under IRS Code section 117 or IRS Code Section 127. (See Payroll website at <http://www.unco.edu/payroll/> for the schedule of taxation.)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY HUMAN RESOURCES**

Employee FTE \_\_\_\_\_ DOH \_\_\_\_\_ HR Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DEPENDENT DEFINITIONS**

**Eligible Dependent:** Eligible dependents are specified in statutes, primarily § 24-50-603(5), C.R.S., as modified or further defined by other state statutes (e.g., Title 10) or federal regulations (e.g., Affordable Care Act [ACA], IRC on taxable income).

- A. Current Spouse, including Common Law Spouse and Domestic Partnership
  - 1. Spouse means a spouse as recognized under federal tax law.
  - 2. Common Law Spouse means an adult,
    - a. Who is at least 18 years of age; and
    - b. With whom the Employee cohabitates; and
    - c. Who represent themselves to the community as married to each other; and
    - d. There is no legal impediment to the marriage.
  
- B. A child include:
  - a. a biological or natural child;
  - b. a legally adopted child;
  - c. a child legally placed for adoption or foster care;
  - d. a step child as long as the employee and natural parent are married;
  - e. a child of a partner in a civil union as long as the employee and parent are in a committed relationship; and
  - f. a child for whom the employee has a court order granting legal custody or parental responsibility that specifies the employee is responsible for providing health insurance coverage.

**ACCEPTABLE DEPENDENT VERIFICATION DOCUMENTS**

<b>DEPENDENT</b>	<b>REQUIRED DOCUMENTS</b>
Spouse	❖ Registered marriage certificate
Common-law Spouse/ Domestic Partnership	❖ Common-law affidavit OR ❖ Domestic Partnership Affidavit ❖ AND a document dated within the last 60 days showing current relationship status, such as a joint household bill or joint bank/credit account, etc. The documents must be dated and list your partner's name at your mailing address.
Children	❖ A copy of the child's birth certificate or adoption certificate, naming you or your spouse/Civil Union Partner as the child's parent; ❖ OR appropriate custody or allocation of parental responsibility naming you or your spouse or Civil Union Partner as the responsible party to provide insurance for the child.