

Lamar State College – Port Arthur
Tuition Assistance Program (TAPSD) for Spouses and Dependents

CERTIFICATION FORM

Application deadline: census date of term.

Section I: Employee Information

Employee Name: Last	First	MI	Employee ID No.
Job Title	Daytime Phone #	Date Employed at LSCPA	Yes ___ No ___ Full Time Employee

Section II: Enrollment and Spouse/Dependent Information

Spouse/Dependent Name: Last	First	MI	Student ID No.
Daytime Phone #	Date of Birth	Email Address	
Relationship: ___ Spouse	___ Dependent Child		
Term/Year: <input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Mini Session
Pursuing Degree: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree Program _____	

Section III: Employee Certification

Read and Initial Each Statement

- _____ I understand the TAPSD does not include payment of fees and that TAPSD benefits are applied before any other College scholarships or other funds.
- _____ If I am requesting undergraduate tuition assistance for a dependent child, I certify that he/she meets the IRS support test and qualifies as my dependent. (Dependents must be under 24 years of age and eligible as of the 1st class day of the semester.)
- _____ I understand that approval of this application is contingent upon my spouse or dependent child being admitted to Lamar State College – Port Arthur and that a separate application must be completed for each semester. I also understand that I must be employed with LSC-PA as of the census date of the term for which tuition benefits are requested.
- _____ I claimed the dependent child listed above as a dependent on my most recent U.S. Federal income tax return, and I anticipate claiming this child as a dependent on my U.S. Federal Income Tax return for the time period that is covered by the term for which tuition benefits are requested.

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_____ If requesting tuition assistance for my spouse, I understand that I must have filed and will file jointly or married filing separately U.S. Federal Income tax returns for the time period that is covered by the term for which tuition benefits are requested.

_____ If requesting tuition assistance for an eligible spouse and/or dependent(s), I agree to provide the Human Resources a copy of page one (with financial information removed) of my most recent Form 1040 U.S. Individual Income Tax Return.

_____ I have read and understand the provisions of the Tuition Assistance Program for Spouses and Dependents as stated in Administrative Policy and Procedure _____.

_____ I understand if my spouse/dependent is eligible for reduced tuition in another program, such as the Academic Partnership, he or she will not be eligible for TAPSD.

_____ I understand that my spouse/dependent will only be eligible for federal financial aid. Students receiving TAPSD are not eligible for state financial aid.

_____ I understand that satisfactory academic progress (75% completion rate and 2.0 gpa for all undergraduate work) must be maintained by the spouse/dependent in order to be eligible for TAPSD.

Section IV: Departmental Certification

This statement certifies that the above mentioned student (Section II) is currently enrolled as student in the _____ department pursuing a degree/certificate in _____ program. **This form cannot be accepted until the student is registered for classes.** The following courses are required (not recommended) during the _____ semester for this students program:

Advisor Date - OR- Department Chair Date

Employee Signature Date Spouse/Dependent Signature Date

Verified by HR Date Verified Financial Aid \$ Amount Date

Classes will not be verified after the census date of the semester specified above to certify continuous enrollment in the above listed courses. If courses are dropped and/or added after this form has been submitted to the Financial Aid Office, a new form must be completed. If you are enrolled in courses not required for the above mentioned degree, your TAPSD and Financial Aid funds will be adjusted and/or cancelled. The student will then become responsible for ALL remaining charges on his/her account.

Originals with all signatures must be returned to HR.