DAVIDSON
Application for Dependent Tuition Assistance

Personal Information	
Employee Last Name	Employee First Name
Social Security Number or Davidson ID	Employee Hire Date
Child's Name	Child's SS#
School's Address (if known)	

Is Child Enrolled Full-time? ☐ Yes ☐ No	Relationship? **Natural Born?** ☐ If yes, attach copy of the first page of your prior year's tax return **Step Child?** ☐ If yes, please provide a copy of the first page of your previous 5 years' tax returns. Child must reside with employee and list this as permanent residence **Adopted?** ☐ If yes, please provide a copy of the first page of your previous 5 years' tax returns. Child must reside with employee and list this as permanent residence.

Acknowledgment
I have read the policy relative to this program and agree to the terms and conditions as stated. I agree that this child is a dependent of mine as set forth by the Internal Revenue Service.

Signature
Employee   Date

Edited 12.14.17