



EMPLOYEE CHILD, DEPENDENT, OR SPOUSE TUITION REDUCTION APPLICATION

EMPLOYEE INFORMATION			
Employee ID:		Dept:	
Last Name:	First Name:	Middle Initial	Contact Number:
College Where Employed	Employee Banner/LOLA ID#:	Check One: <input type="checkbox"/> Full-time Faculty <input type="checkbox"/> Full-time Staff <input type="checkbox"/> Other	
CHILD, DEPENDENT, OR SPOUSE INFO			
Check only one: <input type="checkbox"/> Eligible Child <input type="checkbox"/> Eligible Dependent <input type="checkbox"/> Eligible Spouse			
I apply for a tuition reduction for the following: Semester: _____ Year: _____			
Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____			
Last 4 digits of Soc. Sec. #: _____ or LOLA Student ID#: _____			
College Where Attending: _____			
By signing this application, I have read and agree to the terms and conditions outlined in STCC Policy No. 6.OXX Child or Dependent and Spouse Tuition Reduction. I also understand that I will pay the remaining student tuition & fees in accordance with STCC semester payment deadlines.			
Student Signature: _____ Date: _____			
Qualifying Employee: _____ Date: _____			
HUMAN RESOURCES OFFICE			
This employee is eligible for the tuition reduction requested per STCC Child or Dependent and Spouse Tuition Reduction Policy No. 6.OXX. This child, dependent, or spouse is considered eligible and has provided all appropriate documentation which indicates that the person qualifies as a child, dependent, or spouse of an eligible employee.			
Length of Service at STCC: _____			
_____ <i>Signature of HR Verifier or Designee</i>		_____ <i>Date</i>	
_____ <i>Signature of Director of HR or Designee</i>		_____ <i>Date</i>	
HOME / HOST CHANCELLOR APPROVALS (Only needed if attending an LCTCS College other than SOWELA)			
Chancellor Signature (Home): _____		Date: _____	
Chancellor Signature (Host): _____		Date: _____	

**Employee should return original to the HR Office
 HR Office to verify and Submit to the Business Office for Waiver Processing**

Date Processed by Business Office: _____

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs or activities.
 The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title: Compliance Office
 Address: 3820 Senator J. Bennett Johnston Ave, Lake Charles, LA 70616
 Telephone No: 337-421-6565 or 800-256-0483
 Email: complianceofficer@sowela.edu