

Tuition Waiver for Dependent Children Program: BScN Program Application Form

This application form must be completed by both the registered student and the eligible Fleming employee whose child meets the definition of an eligible dependent under Fleming College's employee benefits plan. It must be submitted to Human Resources no later than the tuition deposit deadline. *A separate form is required for each eligible term.* Dependent students are eligible for only one tuition waiver per term, regardless of how many full-time Fleming College employees they are related to.

Part A: Employee Information and Declaration

To be completed by the Fleming College employee

Full Name:		EMPLID:	
Department:		Campus:	

I certify that the employee information provided above is true and complete. By signing below, I consent to the verification of this information through my employee record at Fleming College. I also acknowledge and agree to be contractually bound by the terms and conditions of Fleming College's Tuition Waiver for Dependent Children Program. I understand that full program details are available on the College's employee portal or through the Human Resources Department.

Employee Signature:		Date:	
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Part B: Student Information and Declaration

To be completed by the registered student

Full Name:		Student ID:	
Fleming College Email:		Phone #:	
Date of Birth:		Campus:	
Program Name:			
Year:		Term:	
Fleming Semester:		Trent Semester:	
Are you applying for OSAP assistance this term?:			
Have you previously received tuition waiver assistance at Fleming College?:			
Are you eligible for tuition assistance from another post-secondary institution for this term?:			

I certify that the above student information is true and complete. By signing below, I also contractually agree to be governed by the terms and conditions of Fleming College's Tuition Waiver for Dependent Children Program. Furthermore, I authorized Fleming College to share my registration status with the College employee named in this application, including Accounting and Trent University's Student Account Office, for the sole purpose of administering the tuition waiver.

Student Signature:		Date:	
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Important Notes:

- The registered student will be issued a T4A for this benefit. Please ensure that your Social Insurance Number (SIN) is on record with the Registrar's Office and Trent University's Student Account Office.
- Students applying for OSAP must disclose their eligibility for tuition waiver funding on the OSAP application.
- After receiving acceptance from Fleming College into a program of study, submit this completed form, with all required signatures, to benefits@flemingcollege.ca no later than the tuition deposit deadline. Please attach a copy of your acceptance letter to your application. This letter will be used by Human Resources as proof of enrolment to maintain dependent status under the benefits program.

Office Use Only:			
Human Resources Department		Trent University Student Accounts Office	
The student is an eligible dependent of the above-named employee:		Student status for the semester:	
The above-named employee has completed their probationary period:		Registration confirmed:	
If both criteria are met, forward the completed form to the Registrar's Office for processing.		The program of study is eligible for tuition waiver:	
		Tuition Waiver approved amount: \$ _____ <i>(Standard domestic tuition amount less tuition fee set-aside)</i>	
Human Resources Representative		Trent University Representative	
Name:		Name:	
Title:		Title:	
Signature:		Signature:	
Date:		Date:	

Original:	Human Resources Department	Copies:	Trent University Student Accounts Office, Student
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Information Collection Notice:

Information is collected in accordance with the Freedom of Information and Protection of Privacy Act and is used solely by Fleming College for the administration of the Tuition Waiver for Dependent Children Program. Any questions regarding this authorization may be directed to Human Resources.