

INSTITUTE OF

TECHNOLOGY

# Lamar Institute of Technology **Tuition Assistance Program (LITTAP) For Spouses and Dependent Children**

# **Certification Form**

# NOTE: A separate form MUST be submitted EACH semester.

Application deadline: day prior to the census date of the term.

#### Section I: Employee Information

Employee Name:	Last	First	Middle	Employee ID Number
			Relationship:	🗌 Spouse 🗌 Dependent Child
Job Title		Daytime Phone Number		
Section II: Enrollmer	nt and Spouse/	Dependent Information		
Spouse/Dependent Name:	Last	First	Middle	Student ID Number
Daytime Phone Number		Email Address		
Term/Year: 🗌 Fall	🗆 Spring	🗆 Summer	_ 🗌 MiniSession_	
Pursuing a Degree:	Yes 🗌 No	Degree Program		

## Section III: Employee Certification:

- I understand that other Lamar Institute of Technology (LIT) scholarships or other funds are applied before any LITTAP benefits are applied. v
- I understand that LITTAP does not include payment of fees. v
- I understand that approval of this Certification Form is contingent upon my spouse or dependent child being admitted to LIT. ٧
- 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 v dependent.
- I claimed the dependent child listed above as a dependent on my most recent U.S. Federal Income Tax Return (Form 1040), and I anticipate ٧ claiming this child as a dependent on my U.S. Individual Income Tax Return (Form 1040) for the time period that is covered by the term for which tuition benefits are being requested. (I will provide a copy of my most recent U.S. Federal Income Tax Return as evidence of dependency status with this LITTAP Certification Form)
- If requesting tuition assistance for my spouse I understand that I must have filed and/or will file my most recent U.S. Individual Income Tax v return (Form 1040) as a joint return or as married filing separately for the time period that is covered by the term of this Certification Form.
- If requesting tuition assistance for an eligible spouse and/or dependent(s), I agree to provide the Office of Human Resources a copy of page ٧ one (with financial information removed) of my most recent U.S. Individual Income Tax Return (Form 1040).
- ٧ I have read and understand the provisions of the Tuition Assistance Program for Spouses and Dependents as stated in Lamar Institute of Technology's Human Resources Policies & Procedures Manual, Policy No. 2.5.

## Section IV: Departmental Certification:

This statement certifies that the above mentioned student (Section II) is currently enrolled as a student in the department with all hours of

enrollment qualifying as part of the		OR	
	(Degree)	(Certificate)	
	(	DR	
Program Coordinator	Date	Department Chair	Date
Employee Signature	Date	Spouse/Dependent Signature	Date
INFC	DRMATION BELOW IS TO BE COMPLETED	BY AUTHORIZED VERIFICATION STAFF ONLY	
	Full Time LIT Employee: 🗌 Yes 🗌 No		
Date Employed at LIT		Verified by Human Resources	Date
\$ Amount Awarded		Awarded and Approved by LIT Office of Student Financial Aid	Date