

HENRY FORD COLLEGE  
APPLICATION FOR EMPLOYEE TUITION WAIVER PROGRAM

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Employee Soc Sec #

\_\_\_\_\_  
Student Soc Sec # Or Student HANK #

\_\_\_\_\_  
Employee Address

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Work Location                      Position

\_\_\_\_\_  
Relationship to Employee                      Birthdate

=====  
Above named student will enroll in the following semester.    Year \_\_\_\_\_  
**(A form must be completed for each semester)**

**The form must be turned in prior to the first day of classes for each semester.  
Late forms will not be accepted.**

Summer                       Fall                       Winter                       Spring

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**Employee Group Affiliation**

- HFC - SSA                       HFC - Local 1650                       HFC - Ex. Admin  
 HFC - DSOEA                       HFC - Local 71  
 HFC - Non-Classified/ Non-Instructional

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**The student must be in an active program to be entered into the system. If they are not, please bring the form after they have been accepted to the College.  
A current 1040 must be provided each year.**

**Statement of Certification:** I hereby certify that the above named student meets the eligibility requirements of the Employee Tuition Waiver Program, and can provide any required documentation.

**IF YOU HAVE REGISTERED FOR CLASSES PRIOR TO SUBMITTING THIS FORM THEN YOU MUST CONTACT THE CASHIERS OFFICE AND REQUEST A REBILL.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date