201 S. Grant Avenue • Columbus, Ohio 43215
Fax: 614-255-9648 / bizoffc@franklin.edu

MILITARY FAMILY MEMBER TUITION REDUCTION APPLICATION

TO BE COMPLETED BY FAMILY MEMBER
FOR EACH ACADEMIC TERM OF ENROLLMENT
(Please Print)

SPOUSE/ FAMILY MEMBER NAME _____
Last First

STUDENT ID # _____ MILITARY CARD # _____

**PLEASE PROVIDE/ ATTACH PROOF OF ELIGIBILITY

ACTIVE MILITARY SPOUSE OR FATHER/ MOTHER'S NAME_____

BRANCH OF SERVICE _____

TERM_____ YEAR_____ TYPE OF COURSE: o Undergraduate
o Graduate

** IMPORTANT: If you are planning to apply for Financial Aid, you must complete a Declaration of Outside Tuition Assistance Form **
Go to http://www.franklin.edu/go/finaid to download the form.
**A copy of the service members separation/retirement orders must accompany this application to continue receiving benefits upon departure from Active duty, Guard or Reserve status.

Recipients of tuition benefits are not eligible to apply for or to receive any additional tuition reduction administered by Franklin University.

ACADEMIC INTEGRITY

The purpose of education is to advance one's own intellectual skills and knowledge and to demonstrate the outcomes of these efforts. An essential and shared value in higher education is presenting one's own work and properly acknowledging that of others. Any violation of this principle constitutes academic dishonesty and will result in disciplinary action, as well as the forfeiture of all tuition benefits.

By signing the following form, the student is providing the most recent information to the best of their knowledge and any falsification of document will result in disciplinary sanctions including, but not limited to, probation, suspension, dismissal or restitution.

SIGNATURE OF STUDENT_____ DATE_____

APPLICATION MUST BE RETURNED WITH A PHOTOCOPY OF MILITARY ID TO THE BUSINESS OFFICE DURING THE FIRST 3 WEEKS OF EACH TERM

TO BE COMPLETED BY FRANKLIN UNIVERSITY BUSINESS OFFICE

COST OF UNDERGRADUATE TUITION _____ X 15% = WAIVER AMOUNT _____

COST OF GRADUATE TUITION _____ X 10% = WAIVER AMOUNT _____

PROCESSED BY _____ DATE _____