MILITARY FAMILY MEMBER TUITION REDUCTION APPLICATION

TO BE COMPLETED BY FAMILY MEMBER FOR EACH ACADEMIC TERM OF ENROLLMENT DURING THE FIRST 3 WEEKS OF EACH TERM (Please Print)

FAMILY MEMBER NAME ____________________________________________________________
__________________________________________________________

STUDENT ID # ________________________

**PLEASE PROVIDE/ATTACH PROOF OF ELIGIBILITY:**

To receive the Family Member Discount, the student must be a spouse or dependent of an active service member in the U.S. Military and submit documentation during the first trimester of enrollment and on an annual basis thereafter. Acceptable means of verification include:

**SPOUSE:**
Service member’s military document (only one form of verification required):
- Military Orders
- Military Leave and Earnings Statement (LES)
- Verification letter from the military member’s command reflecting status

**DEPENDENT:**
Copy of service member’s most recent IRS Tax Transcript indicating student’s status as a dependent. You can request tax transcripts by calling 1.800.908.9946 or online at www.irs.gov AND Service member’s military document (only one form of verification required):
- Military Orders
- Military Leave and Earnings Statement (LES)
- Verification letter from the military member’s command reflecting status

ACTIVE MILITARY SPOUSE OR PARENT NAME ______________________________________

BRANCH OF SERVICE STATUS: ____________________________________________________________________________ □ Active Duty □ National Guard □ Reserve

I AM USING VA BENEFITS: □ YES □ NO

TERM _____________ YEAR ______________ TYPE OF COURSE: □ Undergraduate □ 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/financial-aid/financial-aid-forms to download the form.

**A copy of the servicemember’s separation/retirement orders must accompany this application to continue receiving benefits upon departure from Active Duty, Guard or Reserve status for one additional trimester.**

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

__________________________________________________________
SIGNATURE OF STUDENT

___________________________
DATE

APPLICATION MUST BE RETURNED WITH A PROOF OF ELIGIBILITY 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 __________________ APPROVED □ YES □ NO