

Duke University Children's Tuition Grant Program Instructions (*Revised May 2009*)

Parent's Instructions:

1. Please complete and sign the top portion of the Duke University Children's Tuition Grant form, and forward it to the appropriate department at your child's college or university.
2. Be sure to certify whether or not your child is an eligible dependent in accordance with the Working Families Tax Relief Act ("WFTRA").
3. **Please direct the college or university to return the completed form to you.**
4. Once the completed form has been returned to you, please verify that the form is complete. Return the form to the following address:

**Duke University Benefits
Box 90502
705 Broad Street
Durham, NC 27708-0502
Attention: Tuition Grant Program Coordinator**

Questions may be directed to Benefits at (919) 681-4617 or via E-Mail at benefits@duke.edu. Completed forms may also be faxed to (919) 681-8774.

4. Upon receipt of the completed form, Benefits will determine eligibility, calculate the tuition grant payable, and request that the payment be processed. Accounting Services will process the payment request and mail a confirmation of payment to your home address. Payment is mailed to the college or university within 7-10 business days. (**Note: Payments for the fall semester are paid after the start of our fiscal year, July 1**). If there are questions regarding your form you will be contacted by the Benefits Office.
5. You only need to contact the Benefits Office if you do not receive a confirmation of payment within 14 days of submitting your completed application. Reminder - payments for the fall semester are paid after the start of our fiscal year (July 1).

Institution Instructions

1. Once the student is registered, please complete the registration information requested in items 1-7 on page 2 of the enclosed Duke University Children's Tuition Grant application form. **Please return the completed form to the parent listed on the form.** The parent will verify that the form is complete and will return it to Duke University for processing.
2. The Duke University Children's Tuition Grant is applicable only to tuition expenses. Please exclude any fees or other charges from reported tuition amounts. Please also include actual amounts, Duke is unable to authorize a payment based on estimated amounts.

Determination of Award Amounts: All institutions to which Duke University tuition grant payments are directed will be required to refund to Duke University any credit balance (up to the amount of the Duke tuition grant) that occurs after the Duke University tuition grant and all other scholarships, grants, or other forms of assistance (excluding loans and payments by the student or his/her parent) are applied.

Scholarships:

- If the scholarship is **not designated** towards tuition and **not greater than room, board, and fees**, then the scholarship has no impact on Children's Tuition Grant payment.
- If the scholarship is **not designated** towards tuition **and is greater than non-tuition costs** (room, board, and fees), then the amount over the non-tuition costs will be deducted from the tuition grant payment and the deductible still applies.
- If the scholarship is **designated towards tuition**, then the scholarship will be applied towards meeting the deductible and any amount over the deductible will reduce the amount of the tuition grant payment.

DUKE UNIVERSITY CHILDREN'S TUITION GRANT PROGRAM

Please read the accompanying instructions for completing this form for the 2009/2010 academic year.
Information about determination of tuition grant amounts is available at www.hr.duke.edu/education.

To Be Completed By Parent/Employee:			
Have you ever used this program? <input type="checkbox"/> Yes, I am a current participant. <input type="checkbox"/> No, I am a new participant.			
Parent Name:	Duke ID:	Date of Hire:	
Parent Address:	City:	State:	Zip:
Home Phone:	Payroll Frequency: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Email Address:	
Work Phone:		We will send an e-mail confirming receipt of this form within 3 business days.	
Employed at: <input type="checkbox"/> Duke Univ/Med Ctr <input type="checkbox"/> Health System		Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Eligible Retiree <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Lay Off	
Student Name:	Student ID:	Student Date of Birth:	
Student is my: <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Dependent of Same-Sex Spousal Equivalent			
College/University:			
Currently, this benefit is not considered taxable income for most eligible participants. However, if your child does not qualify as a dependent in accordance with the Working Families Tax Relief ("WFTRA"), then the benefit will be considered taxable income to you.			
For purposes of the Children's Tuition Grant program, I understand that my child qualifies as a dependent, as defined by "WFTRA", if s/he: (1) lives in my home for over half the year (<i>temporary absence because of special circumstances, including education, does not prevent the dependent from qualifying</i>), (2) is my child, stepchild or adopted child, and (3) is a student under 24 years of age and does not provide over half of his or her own support for the year. To be your dependent, he or she must be a U.S. citizen or a resident of the U.S., Canada, or Mexico and must not file a joint return for the year. "Student" means full-time student for at least five months of the year (thus, a college senior graduating in May or June can qualify in the year of graduation.) For more details on dependents you may wish to see IRS Publication 501. IRS Publication 504 may be helpful for divorced or separated individuals. You may also want to consult your own tax advisor if you have additional questions.			
<input type="checkbox"/> I certify that my child <u>IS</u> an eligible dependent as defined by "WFTRA" (an IRS rule and regulation).			
<input type="checkbox"/> I certify that my child <u>IS NOT</u> an eligible dependent as defined by "WFTRA" (an IRS rule and regulation). <i>(If your child is not a dependent, as defined by IRS rules and regulations, your child may still receive the Children's Tuition Grant benefit, however, such benefit will be net of taxes withheld, as the benefit will be taxable income to you.)</i>			
I certify that all of the above information is correct. I understand that fraud or misrepresentation of fact made on the enrollment form may result in termination of my benefits under this program.			
Parent/Employee Signature			Date

Parent Name: _____	
To Be Completed By School (once student is registered):	
1. a) Student Name _____ Student ID _____	
b) Is student registered as Full-Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is student a candidate for <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors degree?	
3. Student is registered for: <input type="checkbox"/> Fall Semester 2009 <input type="checkbox"/> Spring Semester 2010	
(Select Only One Term) <input type="checkbox"/> Fall Quarter 2009 <input type="checkbox"/> Winter Quarter 2010 <input type="checkbox"/> Spring Quarter 2010	
<input type="checkbox"/> Full Summer 2010 <input type="checkbox"/> Summer Session I 2010 <input type="checkbox"/> Summer Session II 2010	
4. Tuition only (excluding fees) for the term indicated in #3 above.	\$ _____ Tuition Only
5. Scholarships, grants, or other forms of assistance being received this semester (excluding loans and payments by the student or his/her parent): <i>Please include actual amounts, payment cannot be made for estimated amounts.</i>	\$ _____ Designated for Tuition
If student is receiving undesignated assistance,	\$ _____ Undesignated
please specify the following standard charges:	\$ _____ Fees
	\$ _____ Room and Board
6. The remittance should be mailed to: _____ <i>Institution (Payable to Institution Only)</i> _____ <i>Individual and/or Office</i> _____ <i>Address</i> _____ <i>City</i> _____ <i>State/ Zip</i>	7. I certify the above information is correct. _____ <i>Certifying Officer's Signature</i> _____ <i>Printed Name and Title of Certifying Officer</i> _____ <i>E-mail Address</i> _____ <i>Telephone Number</i> _____ <i>Date</i>
DUKE UNIVERSITY APPROVAL FOR PAYMENT (DUKE UNIVERSITY USE ONLY)	
<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	
Approved Amount: _____	_____ <i>Authorized Signature and Printed Name</i>
\$ _____	_____ <i>Title and Date</i>