

TUITION AID PROGRAM (TAP) APPLICATION

Part One: Application Information	
<input type="checkbox"/> Initial* (<i>first time applying for TAP for each dependent</i>) <input type="checkbox"/> Renewal <input type="checkbox"/> Summer** (<i>summer programs at a different school require a new application to be submitted</i>) <i>Mid-year school changes require a new application to be submitted.</i>	Academic Year (YY/YY) <input type="checkbox"/> Full Academic Year <input type="checkbox"/> Partial Academic Year Select Applicable Matriculating Year: <input type="checkbox"/> First Year/Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior

Part Two: Employee Information	
Employee Name (Last, First, Middle Initial)	Hire Date
Home Street Address	Workday ID
City, State, Zip Code	Preferred Telephone Number
Brown University Email Address	Work Extension
Department	Campus Box
Job Title	

Part Three: Student Information	
Student Name (Last, First, Middle Initial)	Date of Birth
* Initial applications require one of the following:	
Natural or Legally Adopted Children:	
<input type="checkbox"/> Copy of Birth Certificate (attached)	<input type="checkbox"/> Birth Certificate/Proof of Legal Adoption on File in Workday
<input type="checkbox"/> Copy of Proof of Legal Adoption (attached)	<input type="checkbox"/> N/A, Not an Initial Application
Stepchildren:	
<input type="checkbox"/> Copy of Birth Certificate AND Marriage License/Certificate (attached)	

Part Four: School Information
School Name
The academic year of this institution is divided into:
<input type="checkbox"/> Semesters <input type="checkbox"/> Quarters [Quarters Attending: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four]
<input type="checkbox"/> ** Summer Session: Student may be eligible for summer courses if maximum benefit has not been utilized. <input type="checkbox"/> Trimesters [Trimesters Attending: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three]
Email Address for Award Letter
<i>(This should be the email address for the appropriate office at your dependent's school.)</i>
Mailing Address for Payment

Part Five: Read and Initial

I acknowledge that I am responsible to notify Brown University within 30 days to arrange for the reimbursement for any TAP benefit due to Brown University if my dependent:

✓	Initial

withdraws from school.

drops from full-time to part-time study.

fails a course(s).

Read and Sign

Statement of Understanding – I understand that it is my obligation to provide Brown University Human Resources with a tuition bill that meets the criteria for payment for each term my dependent child has been approved to participate in TAP. Each bill copy must be submitted for reimbursement no later than the end of the applicable semester, trimester, etc., or it will not be paid. I also understand that the payments of the tuition benefit for which my dependent is eligible will be divided proportionately between all terms for which my dependent is enrolled during the academic year, with the maximum benefit each term not to exceed one half of the benefit for the full academic year.

I also understand that I must disclose to Brown University Human Resources any change to the recipient’s status as an eligible dependent due to emancipation, changes in marital status, custody arrangements, etc.

Employee Signature

Date

Submit this application and all required supporting documentation to:

[Email Submission preferred for a faster response time]

Email: educational_benefits@brown.edu

Mail: University Human Resources
Box 1879
Providence, RI 02912
ATTN: Tuition Aid Program (TAP)

Benefits Use Only

Date Received	Current Semester	Benefit
		\$