



Scholarship Program for Dependent Children

Samples - Use Blue or Black Ink

Yes No

TEST BOX

10163



SECTION I

EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____
(Please Print) (Last) (First) (Middle Initial)

Home Address: _____ Home Phone: (____) _____
(Number) (Street) (City) (State) (ZIP)

Email Address: _____ Work Phone: (____) _____

Division/Plant: _____ IUE-CWA Local: _____ Active Retired Surviving Spouse of Deceased Employee

DEPENDENT INFORMATION

Dependent's Name: _____ SS#: _____ Date of Birth: ____/____/____
(Please Print) (Last) (First) (Middle Initial)

Dependent's Mailing Address: _____ Phone: _____
(Please Print) (Number) (Street) (City) (State) (ZIP)

Type of Dependent: Natural Child Step Child Adopted Child Child of Legal Guardian Other _____

Is dependent eligible for payment from any other GM source? Yes No If yes, please supply Name and Social Security Number of the GM employee.

Name: _____ SS#: _____

COURSE/PROGRAM INFORMATION

Check One: 2 year Degree 4 year Degree Graduate Post-Grad (Ph.D) Certificate Non-Degree

Degree/Major: _____ Will you be completing your degree/program this term? Yes No

Name of School: _____ Term Beginning Date: ____-____-____

School Address: _____ Term Ending Date: ____-____-____
(Street) (City) (State) (ZIP) (Month) (Day) (Year)

Type	Course Number	Course Title (As shown in the course catalog)	C - Cig Credit N - Noncredit (CEU)	Credit/ Course Hrs	Tuition	Lab Fees*	Estimated Total
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		\$		\$
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		\$		\$
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		\$		\$
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		\$		\$

U undergraduate (For more than 4 courses, please complete an additional application.)
 G graduate
 N neither

Payment Type? Voucher Reimbursement

What other aid will you be using to pay for your studies? (VA, scholarship, grant) _____ (Subtract from total) Amount \$ _____

Compulsory Fees* \$ _____

Amount Requested \$ _____

*Note: This plan does not cover books, supplies, parking, transportation, audited courses or other miscellaneous fees.

CONDITIONS

My dependent wishes to enroll in the above course(s)/program. I have read the policies and procedures and agree to abide by them. Federal tax law requires IUE-CWA GM to treat Dependent Scholarship benefits as taxable income to the employee. My dependent, by his/her signature, authorizes the above institution to release to IUE-CWA GM all record concerning his/her education or financial assistance as it pertains to this application.

Employee's Name (Print): _____ Employee's Signature: _____ Date: _____

Dependent's Name (Print): _____ Dependent's Signature: _____ Date: _____

Mail Completed Application to: IUE-CWA GM, PO Box 709 Bloomfield Hills, MI 48303-0709

Fax Completed Application to: 1-248-732-1300

SECTION II

SECTION III



IUE-CWA GM Scholarship for Dependent Children Guidelines

TERMS

This plan is intended to provide up to \$1500 per calendar year for each dependent of an IUE-CWA represented GM employee.

ACCEPTABLE EDUCATION PROGRAMS

Acceptable educational programs under the Plan include classes, which lead to an associate, undergraduate, graduate or post-graduate degree, or enrolled at a Vocational/Technical Program.

ELIGIBILITY

The following IUE-CWA represented GM employees are eligible for participation in the Dependent Scholarship Plan

Active Employees: All regular, active employees are eligible to apply

Laid-Off Employees, receiving benefits:

Employees on leave of absence and receiving benefits: Employees on leave of absence and receiving benefits are eligible to participate.

Retired Employees:

Surviving Spouse of a deceased employee:

The following dependents are eligible for participation in the Dependent Scholarship

- Natural children
- Step children
- Adopted children
- Totally and permanently disabled children

- Children by legal guardianship
- Other children who an employee may have legal responsibility for and are claimed on the employee's tax return
- Dependent must have obtained a high school diploma or equivalent
- Dependents must not have reached the end of the calendar year in which he or she turns 25
- The child must be financially dependent upon the employee or retiree as defined by the IRS
- The dependent must reside with the employee, retiree, or eligible surviving spouse as a member of the household or must be the legal responsibility

GENERAL INSTRUCTIONS

Read these instructions carefully before filling out the application form.

Original Application:
If you are sending in an original application please indicate original on the front of this application in the box provided.

Revised Application:
If you are sending in a revised application because you need to make changes to an application already submitted please indicate revised in the box provided.

Print with ink or type. Review the application before mailing to make sure all requested information is included. Incomplete forms will delay processing.

Submit separate application forms for each school and for each term or semester for each dependent.
IN ORDER TO RECEIVE AN OFFICIAL TUITION VOUCHER FOR SUBMISSION TO THE EDUCATIONAL INSTITUTION APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO ENROLLMENT
 Please allow sufficient time for processing the paperwork however, if a voucher is not received within 14 business days of mailing the application the application should call the office **at 1-800-650-9380**.

SECTION I

EMPLOYEE INFORMATION

Fill in all of the information requested

DEPENDENT INFORMATION

Fill in all of the information requested. The dependent mailing address will be used for US Mail correspondence for the Official Tuition Voucher.

SECTION II

COURSE/PROGRAM INFORMATION

Completed this section with the help of a school counselor if possible. Be sure to list the course numbers and titles as they appear in the school catalog. Include the tuition costs and required covered fees for the current term or billing period only. Dependents must declare any financial aid or benefits to be received from other sources. The DSP will pay only that portion of tuition and compulsory fees not covered by other aid. Failure to completely list other aid can disqualify the applicant from participating in the plan.

\$1500 per calendar year for tuition and covered fees

1. These fees are considered compulsory fees (Which include instructional or academic fees charged to ALL students)

SECTION III

CONDITIONS

This section should be read carefully. The employee and dependent signatures indicate agreement with all requirements and conditions of the DSP. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

OTHER INFORMATION

Once your application is approved, you will receive an official Tuition Voucher, which authorizes the school to bill IUE-CWA GM directly for the approved tuition and fees. Give the voucher to the school when you register for the courses. Your school will invoice IUE-CWA GM Tuition Assistance Program and the approved amount will be paid directly to the school.

Applications, reimbursement requests, and employee correspondence must be directed to the program administrator, as follows:

IUE-CWA GM
 PO Box 709
 Bloomfield Hills, MI 48303-0709

Toll-Free Voice: (800) 650-9380
 Fax Number: (248) 732-1300
 Impaired TDD#: (800) 295-8722