BROWN UNIVERSITY — BENEFITS OFFICE

TUITION AID PROGRAM (TAP) APPLICATION

1. APPLICATION TYPE (PLEASE CHECK ONE)

☐ Initial ☐ Summer
☐ Renewal

PLEASE NOTE: If your dependent changes schools mid-academic year or will attend a summer program at other than his/her academic year institution, you must submit a new application with current information.

2. EMPLOYEE INFORMATION (PLEASE PRINT)

Last name, First name, Middle initial | Social Security Number

Street address | City | State | Zip

Preferred e-mail address | Campus box | Hire date (mm/dd/yyyy) | Phone (home or campus)

Title | Department

3. STUDENT INFORMATION (PLEASE PRINT)

Last name, First name, Middle initial | Social Security Number

Birth date (mm/dd/yyyy)

☐ I confirm that my student dependent is my natural or legally adopted child.
(*Required: i.e., if you do not check to confirm, your application will be considered incomplete and returned to you.*)

4. INSTITUTION INFORMATION (PLEASE PRINT)

Academic year | Institution's name

Application for: ☐ Full academic year ☐ Partial academic year

Street address **(REQUIRED)**

Check one:

Semester: ☐ 1 ☐ 2

Trimester: ☐ 1 ☐ 2 ☐ 3

Quarter: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Summer: ☐ (see section 1. above)

City **(REQUIRED)**

State **(REQUIRED)** | Zip code **(REQUIRED)**

4. EMPLOYEE ACKNOWLEDGEMENT

I understand that it is my obligation to provide the Brown University Benefits Office with a tuition bill that meets the criteria for payment for each term my dependent has been approved to participate in TAP, and that each bill 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 he/she 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. Lastly, I acknowledge that, if my dependent child withdraws from school or drops from full to part-time status during the semester, s/he is no longer eligible for TAP benefits and, as such, I am responsible for the reimbursement of any TAP benefits due to Brown University.

Employee Signature | Date

Please send your completed and signed original form (be sure to make and retain a copy for your records) to:
TAP, BENEFITS OFFICE, BROWN UNIVERSITY, BOX 1879, PROVIDENCE, RI 02912

5. FOR BENEFITS OFFICE USE ONLY

☐ Emp Stat ☐ Ben Group ☐ Ben % ☐ TAP Code ☐ Current Sem.# ☐ Pay Cycle | FRS Subcode | $ Academic Year Benefit

Benefits Representative | Date

Benefits Representative | Date