

**Brown University - University Human Resources, Benefits Office  
Tuition Aid Program (TAP) Application**

**1. Application Type: please check one**

Initial, Semester 1\*       Renewal       Summer\*\*

NOTE: If your dependent changes schools mid academic year or will attend a summer program at another school, you must submit a new application with current information.

**2. Employee Information: please print**

Last name, First name, Middle initial		Workday Identification Number	
Street	City	State	Zip
Preferred email address	Campus Box	Hire Date	Preferred Telephone
Title	Department		

**3. Student Information: please print**

Last name, First name, Middle initial	Date of Birth

\*Semester 1 application requires one copy of the following:

Birth Certificate (copy attached)       Proof of Legal Adoption (copy attached)

Semester 1 application without this documentation will not be processed until required documentation is received.

**4. School Information: please print**

School Name			
Street Address for Correspondence	City	State	Zip
Street Address for Billing	City	State	Zip
<input type="checkbox"/> academic year (YY/YY)	<input type="checkbox"/> full academic year	<input type="checkbox"/> partial academic year	
Check one:			
<input type="checkbox"/> semester school	<input type="checkbox"/> trimester school	<input type="checkbox"/> quarter school	
<input type="checkbox"/> **summer: may be eligible for summer course assuming you have not utilized your maximum benefit			

Check off Boxes and initial: I acknowledge 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:

		withdraws from school
		drops from full time to part-time study
		fails course(s)

I understand this it is my obligation to provide the Brown University University Human Resources - Benefits Office 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 that 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.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed and signed original form (be sure to make and retain a copy for your records) to:  
TAP, University Human Resources - Benefits Office, Brown University, Box 1879, Providence, RI 02912

**5. For Benefits Office use only**

Emp stat	Percent	TAP code	Pay Cycle	Current Sem #	\$	Benefit
Benefits Representative				Date		
Benefits Representative				Date		