# UK Human Resources

# University of Kentucky
# Family Education Program (FEP)

If you would like more Information, please visit us on line at hr.uky.edu/benefits/tuition-assistance-programs.Completed forms may be submitted via fax at 859-323-8494, via email address below. If you have any questions regarding this form, please call 859-257-8772 or e-mail HR Education Benefits at edubenefits@uky.edu.

☐ Amended

## Student Information

Last name _____ First name _____ Date of Birth (MM/DD/YYYY) _____

UK Student ID # _____ UK Email address _____

Phone _____ Please select one: ☐UK ☐CKMS ☐ESH ☐KCTCS

Student relationship to employee: ☐Dependent Child ☐Spouse ☐Sponsored Dependent ☐Child of Sponsored Dependent

## Course Information (only 1 per semester per form) ☐UK ☐CKMS ☐ESH ☐KCTCS

Year _____ Term: ☐Fall ☐Winter ☐Spring ☐Summer Credit hours for Semester: _____

## Employee #1 Information

Last name_____ First name _____

Employee ID # _____ Hire Date _____

Phone _____ Email address _____

## Employee #2 Information

Last name_____ First name _____

Employee ID # _____ Hire Date _____

Phone _____ Email address _____

I certify that I meet the eligibility requirements as stated forth by the University of Kentucky FEP Policy (HR Policy 51 ). I also understand that receipt of this discount may result in a reduction of the amount of Financial Aid that I am eligible to receive, as indicated in my Financial Aid Award Packet. I also understand that if I am on academic probation I will not be eligible to receive the discount until the next semester after which I obtain good academic standing. **NOTE: Only need to provide infomration once.**

_____   _____

Dependent Signature                           Date

I certify that the above noted person is my eligible spouse/dependent child/sponsored dependent/dependent child of sponsored dependent as described in the universities FEP Policy. I understand that I am not eligible to apply for a tuition waiver (EEP} during the same semester that my approved family member participates in the FEP Program either with this institution or a combination of institutions and that the above information is true and correct to the best of my knowledge. Only one dependent can participate in the FEP Program in a semester. As the employee, I may be subject to taxation of this benefit in accordance with IRS regulations.

_____  _____    _____  _____

Employee # 1 Signature            Date            Employee # 1 Signature            Date

- The Family Education Program discount is only applicable toward **undergraduate level education at UK** and cannot be applied tovvard tuition at any other Institution.
- Classes must be taken for a grade. Audited classes are not eligible. The student must be in good academic standing.
- Documentation is required to establlsh refatlonship. (For examp!e, a birth certificate or a child or marriage-certificate for a spouse). **Only need to provide once.**
- **A new form must be submitted every semester.**
- A Dependent child that will reach age 24 during the calendar year must meet the IRS relationship test In accordance with IRS Publication 501.