



# 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](http://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](mailto:edubenefits@uky.edu).

Amended

### Student Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
UK Student ID # \_\_\_\_\_ UK Email address \_\_\_\_\_  
Phone \_\_\_\_\_

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

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 information 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

- The Family Education Program discount is only applicable toward **undergraduate level education at UK** and cannot be applied toward 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 establish relationship. (For example, 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.

For Office Use Only. Do not write below this line.

Student ID \_\_\_\_\_ FEP Elig. Tuition \_\_\_\_\_ Student Aid ID \_\_\_\_\_  
EEE#1 Discount Rate \_\_\_\_\_ EEE#2 Discount Rate \_\_\_\_\_ Total Discount Amount \_\_\_\_\_  
EE#1 Discount Amt. \_\_\_\_\_ EE#2 Discount Amt. \_\_\_\_\_  
Current Date \_\_\_\_\_ Approval Signature \_\_\_\_\_ Date \_\_\_\_\_