**CHILDREN OF DUSON EMPLOYEE ATTENDING DUSON**

**SCHOLARSHIP REQUEST**

**Instructions**

* Each semester, please complete and sign this request and forward to the Vice Dean, Finance and Administration (VDFA) with the DUSON tuition bill and required documentation by email no later than the drop/add date for the semester for which you are seeking scholarship funding under this program. Please reference the policy found on the DUSON website for more information.
* If this is your first time requesting this scholarship funding under this program for this child, a copy of the child’s birth certificate is required. If this is your stepchild, also provide a copy of your marriage certificate. The request will not be processed without this documentation.

**Employee Request**

|  |  |  |
| --- | --- | --- |
| Employee Name: | Duke ID: | Date of Hire: |
| Student Name: | Student ID#: | DUSON Degree Program: |
| Semester: | Semester Tuition Amount: | Scholarship Request (50% of Tuition): |
| Have you previously used this program for the student above?  Yes  No\*  *\*A copy of birth certificate or adoption papers is required for “new” students* | | |
| Student is my: Natural Adopted Stepchild\*\*  Dependent of Same-Sex Spousal Equivalent  *\*\*A copy of the marriage certificate is required* | | |
| By signing this request form, I certify that the student listed above is my natural or adopted child, stepchild, or a natural or adopted child of my same-sex spousal equivalent. By signing this form I also confirm my understanding of the program including:   * I will receive the approved amount as a supplemental payment added to the my next available Duke paycheck & that federal state, Medicare and Social Security **taxes will be deducted** from the supplemental payment amount & reported on my W-2 form as taxable income & withheld taxes. * I agree to **provide a check** in the amount of the supplemental payment less taxes withheld (the “net amount”) **to the Duke student accounts** office to credit my child’s DUSON tuition bill for this net amount within 10 business days of receiving the net amount in my Duke paycheck. I understand that payment of this net amount to Duke for the equivalent portion of my child’s tuition within 10 business days is a requirement of this program and that failure to make this payment could result in this supplemental payment amount being deducted from a subsequent paycheck. * Future supplemental payment amounts under this program will be reduced if my child drops classes or otherwise has a tuition charge for the semester for which I received the supplemental payment that is less than the amount shown on this request form resulting in the supplemental payment exceeding 50% of my child’s actual DUSON tuition for the semester.     **Parent/Employee Signature Date** | | |

**DUSON Finance Office Use Supplemental Payment**

|  |  |  |
| --- | --- | --- |
| Semester Credits from Bill: | Semester Tuition from Bill: | Scholarship Amount (50%): |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice Dean, Finance and Administration Approval Date**