Miles College
Employee Educational Benefit Form

INSTRUCTIONS:

1) This form must be completed each **semester** by the employee applying for the benefit.
2) Employee must complete sections I, II for the dependent and III for the employee signature.
3) Return completed form to Human Resources at least **one month** prior to registration.
4) Application must be signed by Director of Human Resources, Vice President of Finance & Administration and the President.

NOTE: The student must apply for admission to Miles College and FAFSA. Also, the student must maintain a GPA of 2.0 in order to continue to receive the benefit.

Benefits are contingent upon continued employment. If employment is terminated for any reason, **ONLY the current Semester will be honored. Naturally born or legally adopted dependents must attach a copy of the Birth Certificate. Spouses must attach a copy of the Marriage License. Employees cannot take classes during business hours.*

THIS APPLICATION IS FOR (Circle all that apply): ☐Employee ☐Spouse ☐Child

I. Employee Information

Last Name First Name Middle Initial	Employee Number	Academic Year Applying For
Date Of Hire	Title	Department/Division

II. Student Information

Last Name First Name Middle Initial	Date of Birth	Student I.D. Number
Last Name First Name Middle Initial	Date of Birth	Student I.D. Number
Last Name First Name Middle Initial	Date of Birth	Student I.D. Number

III. Certification and Signature of Employee

I certify that the information provided on this form is true and complete (Employee Sign Below)	Date	E-Mail Address

_____ _____

Director of Human Resources Date

_____ _____

Sr. Vice-President Finance & Administration Date

_____ _____

President Date

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