



**Cameron University
Cameron's Own Tuition Waiver Request Form**

Please read the Policy for Employee Dependent Tuition Waiver Program before completing this form. Also note that the student must have completed FAFSA and the Cameron General Scholarship to receive this award.

Section 1 – Dependent Information

Name _____ Student ID _____

Address _____

Phone _____ Date of Birth _____

Enrollment Period Fall Spring Summer

Dependent Signature _____ Date _____

Section 2 – Employee Information

Name of CU Employee _____ Employee ID _____

Department _____ Date of Initial Employment _____

Employee Signature _____ Date _____

Section 3 – Employee Authorization

I certify that the above named in Section II meets the criteria of a qualified employee per the Policy for Employee Dependent Tuition Waiver Program.

Director of Human Resources _____ Date _____

Section 4 – Financial Assistance Authorization

I certify that this student meets all the criteria to receive the Cameron's Own Scholarship for the enrollment period listed above.

Director of Financial Assistance/Scholarship Coordinator Date