



Lamar Institute of Technology
Tuition Assistance Program (LITTAP)
For Spouses and Dependent Children

LAMAR INSTITUTE OF TECHNOLOGY

Certification Form

Application deadline: day prior to the census date of the term.

Section I: Employee Information

Employee Name: Last First Middle Employee ID Number
Job Title Daytime Phone Number Relationship: Spouse Dependent Child

Section II: Enrollment and Spouse/Dependent Information

Spouse/Dependent Name: Last First Middle Student ID Number
Daytime Phone Number Email Address
Term/Year: Fall Spring Summer Mini-Session
Pursuing a Degree: Yes No Degree Program

Section III: Employee Certification:

- I understand that other Lamar Institute of Technology (LIT) scholarships or other funds are applied before any LITTAP benefits are applied.
I understand that LITTAP does not include payment of fees.
I understand that approval of this Certification Form is contingent upon my spouse or dependent child being admitted to LIT.
If I am requesting undergraduate tuition assistance for a dependent child, I certify that he/she meets the IRS support test and qualifies as my dependent.
I claimed the dependent child listed above as a dependent on my most recent U. S. Federal Income Tax Return (Form 1040), and I anticipate claiming this child as a dependent on my U.S. Individual Income Tax Return (Form 1040) for the time period that is covered by the term for which tuition benefits are being requested.
If requesting tuition assistance for my spouse I understand that I must have filed and/or will file my most recent U.S. Individual Income Tax return (Form 1040) as a joint return or as married filing separately for the time period that is covered by the term of this Certification Form.
If requesting tuition assistance for an eligible spouse and/or dependent(s), I agree to provide the Office of Human Resources a copy of page one (with financial information removed) of my most recent U.S. Individual Income Tax Return (Form 1040).
I have read and understand the provisions of the Tuition Assistance Program for Spouses and Dependents as stated in Lamar Institute of Technology's Human Resources Policies & Procedures Manual, Policy No. 2.5.

Section IV: Departmental Certification:

This statement certifies that the above mentioned student (Section II) is currently enrolled as a student in the department with all hours of enrollment qualifying as part of the (Degree) OR (Certificate) program.

Program Coordinator Date Department Chair Date
Employee Signature Date Spouse/Dependent Signature Date

INFORMATION BELOW IS TO BE COMPLETED BY AUTHORIZED VERIFICATION STAFF ONLY

Date Employed at LIT Full Time LIT Employee: Yes No
Verified by Human Resources Date
\$ Amount Awarded Awarded and Approved by LIT Office of Student Financial Aid Date