

\$ Amount Awarded

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

## **Certification Form**

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

Employee Name:	Last	First	Middle	Employee ID Number
Job Title		Daytime Phone Number	_ Relationship: $\square$ Spo	ouse   Dependent Child
	nt and Spouse/	Dependent Information		
Spouse/Dependent Name:	Last	First	Middle	Student ID Number
Daytime Phone Number		Email Address		
Term/Year: 🗆 Fall	Spring	□ Summer	☐ MiniSession	_
Pursuing a Degree:	Yes $\square$ No	Degree Program		
Section III: Employee	e Certification:			
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Awarded and Approved by LIT Office of Student Financial Aid