



College Tuition Scholarship (CTS) Application

Number of Terms at College: Semester (2 terms) Trimester (3 terms) Quarter (4 terms)
Term: Fall Winter Spring Summer Year: _____

Instructions

Please complete and return this form to EBPA at the address below as soon as possible to ensure timely payment for the upcoming term. You are required to fill in all fields that apply.

You must attach a copy of the itemized bill from the school for this term, as well as your completed Tuition Benefits Eligibility Form, available when you log on to the CU Benefits Enrollment System at www.hr.columbia.edu/benefits.

If this is a first-time application for this benefit, also attach a proof of your relationship (see [College Tuition Scholarship](#) on the HR Benefits website for details). **Return the form to: EBPA, PO Box 1140, Exeter, NH 03833-1140. For questions, please call: 1-888-456-4576.**

Columbia Officer Information

Date of Birth: ___ / ___ / ___ UNI: _____
Last Name: _____ First Name: _____
Address: _____ Apt. #: _____
City, State, ZIP: _____
Home Phone: () - _____ Work Phone: () - _____

Second Columbia Officer Information

Both parents must be hired or appointed as full-time Officers on or before July 1, 2011 to be eligible for a second CTS benefit

Date of Birth ___ / ___ / ___ UNI: _____
Last Name: _____ First Name: _____
Address: _____ Apt. #: _____
City, State, ZIP: _____ E-mail: _____
Home Phone: () - _____ Work Phone: () - _____

Student Information

Date of Birth: ___ / ___ / ___
Last Name: _____ First Name: _____

School Registrar or Financial Services Information

School Name: _____ Contact Name: _____
Address 1: _____
Address 2: _____ City, State, ZIP: _____
E-mail: _____ Ph: () - _____ Fax: () - _____
Term Tuition Amount: \$ _____ Other Scholarships: \$ _____
(Attach copy of itemized bill) *(Attach documents)*

Signature

By signing this form, I (we) acknowledge my (our) liability to return a pro-rated portion of this benefit upon my (our) resignation, discharge or release from employment at Columbia University during the term my (our) dependent is using this benefit.

Parent's Signature: _____ Date (mm/dd/yyyy): _____
2nd Parent's Signature: _____ Date (mm/dd/yyyy): _____
(If second parent also an eligible Columbia University Officer on or before 7/1/2011)