



College Tuition Scholarship (CTS) Application

Number of Terms at College: Semester (3 terms) Trimester (4 terms) Quarter (4 terms)

Term: Fall Winter Spring Summer Year: _____

Instructions

Please complete and return this form as soon as possible to ensure timely payment for the upcoming term. Attach a copy of the itemized bill from the school for this term. If this is a first-time application for this department, also attach a proof of your relationship (See *College Tuition Scholarship Program* page or booklet for details). **Please 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

Only if second parent is also eligible for 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 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 is a Columbia employee)