

OD STUDENTS IN-DISTRICT TUITION WAIVER

Student Information

Student Name _____ ID# _____ Term: _____

Phone Number: _____ E-mail: _____

Employer/Company: _____

FT/PT _____ Hours Worked per Week: _____

Required Attachments

- Copy letter from employer stating FT employment 35+ hours
- 2 copies of most current check stubs
- Copy of student ID

Student Understanding of Benefit

I understand that I must work 35 hours or more per week in the City of Chicago in order to qualify for this benefit. In addition, I must present a letter from my employer on the employer's letterhead signed by an authorized representative of the employer certifying in-district employment and two most current paycheck stubs to verify my employment. I also understand that this form must be completed for each term I am seeking the waiver and must be return to the Business Office at HWC along with the required documentation. I further understand that the waiver may be applied to my account prior to the ending of the term.

Student Signature: _____ Date: _____

Business Office Completion

Amount of Waiver: _____

Signature: _____ Date: _____