



## ABLE Employee Tuition Waiver

Humphreys University offers a 50 percent tuition waiver in the form of a scholarship on a quarterly basis of the total cost of tuition to current ABLE full-time employees who have at least one year of continuous service and meet certain eligibility requirements.

### Eligibility Requirements:

1. Student must NOT be a current recipient of The Lead by Example Tuition Waiver.
2. Student must have performed at least one year of continuous employment for the Academy of Business, Law and Education (ABLE).
3. Student must maintain full-time employment as defined by the Academy of Business, Law and Education (ABLE) to receive the 50% tuition waiver.
4. The 50% tuition waiver is applicable only towards tuition and may not exceed the tuition charge for each quarter. The 50% tuition waiver may only be applied for the quarter of eligibility.
5. Students are responsible for the balance of their tuition charges.
6. Recipient must apply for the 50% tuition waiver for **EACH** quarter of enrollment by submitting the ABLE Employee Tuition Waiver Verification Form to the Humphreys University Student Services Office, Room 236.
7. Recipient of the 50% tuition waiver must abide by policies stated in the Humphreys University current general catalog.
8. Student Services will obtain verification of current employment eligibility from the Academy of Business, Law and Education (ABLE).

### **Section 1: STUDENT Complete**

Student Name: \_\_\_\_\_ Student ID#: HU \_\_\_\_\_

1. I wish to be considered for the quarter/year: \_\_\_\_\_
2. How will you pay for the balance of your tuition?  
 Federal Direct Loans    Other. Explain: \_\_\_\_\_

I certify I am a current employee of ABLE and meet the eligibility requirements to receive the Humphreys University ABLE Employee 50% Tuition Waiver. I authorize Humphreys University to obtain verification of my current employment from ABLE.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section 2: ABLE Complete**

1. Employee's service begin date: \_\_\_\_\_
2. Employee currently employed full-time:  Yes    No

ABLE Authorize Name: \_\_\_\_\_ Title: \_\_\_\_\_

ABLE Authorize Signature: \_\_\_\_\_ Certified Date: \_\_\_\_\_

### **Section 3: STUDENT SERVICES Complete**

\_\_\_ Eligibility Criteria Met:  Yes    No – Reason: \_\_\_\_\_

\_\_\_ Enter student on the shared spreadsheet.

\_\_\_ Scan to Do Not Bill folder.

Student Account Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_