



Corporate Full Tuition Grant Acknowledgement, Waiver, and Release

Revised 5/01/2019

Applicant/Student Information (Required)

First Name: _____ Last Name: _____ Phone: _____

Identifier (DOB or Ashford Student ID): _____ Email: _____

Employer: _____ Academic Program: _____

Estimated Start Date (if applicable): _____

Disclosure and Waiver (Required)

This document is intended to inform you (the student) of important conditions of the Corporate Full Tuition Grant ("CFTG") offered to you by your Employer and Ashford University. If you choose to participate in the CFTG, your signature on this form acknowledges your agreement with all of the terms and conditions of the CFTG.

This grant is intended to help students avoid educational loan debt by funding a recipient's direct education-related costs. Direct education-related costs are tuition for all eligible courses, Technology Fee (per course), course materials, instructional materials, graduation fee, and Prior Learning Assessment Fees.

Students are still responsible for expenses outside of those paid by the CFTG, including but not limited to transcript fees and living expenses. See the Corporate Full Tuition Grant Payment Option Breakdown form for more details on what fees are paid by the CFTG. The CFTG Agreement between your Employer and Ashford University will provide a 100% payment of your direct education-related costs associated with your program of study for any approved period, up to 12 consecutive months, referred to as a CFTG Year. The CFTG funds up to ten (10) undergraduate or eight (8) master courses per CFTG Year; however, Ashford University does not guarantee that you will be able to take this maximum amount of coursework in any given CFTG Year.

One important condition of the CFTG is that you agree **not** to receive any federal student financial aid (such as Pell Grant and Direct Loans) while participating in the CFTG for any education related expense. **The choice to receive federal student financial aid or the CFTG is completely optional.** You may apply for federal student financial aid before you agree to this condition or at any point during your enrollment and Ashford University will assist you with the application process. However, if you choose to receive federal student financial aid, you will become ineligible for the CFTG. Should you choose to receive federal student financial aid during the CFTG grant period, your participation in the CFTG program will automatically end and you are responsible for any and all charges incurred for future courses outside of the CFTG. Loss of eligibility for the CFTG will be effective at the end of your current course.

Students who are currently receiving federal student financial aid are ineligible to start utilizing the CFTG program until the end of the current payment period and after any existing balance is resolved. Any future federal student financial aid disbursements will be canceled at your direction upon acceptance of the CFTG. To cancel your future payments, please contact the Financial Aid Office.

An additional condition of the CFTG is that you maintain Satisfactory Academic Progress in your program of study. Receipt of an unsuccessful grade (defined as an "F," "WF," "W," or for General Education Competency courses, below a "C-"), may necessitate your CFTG eligibility being reviewed by the CFTG Review Committee. Students who carry more than two (2) unsuccessful grades at any time during their course of study may lose eligibility for the CFTG. Allowances may reset on an annual basis provided students maintain successful progression and still meet their required funding amount. Concurrent enrollment, defined as more than one class in each 5 (undergrad) or 6 (master) week period, is available for students to request with an accompanied cash additional payment for course tuition. Approval without a payment may be permitted for extenuating circumstances on a case-by-case basis at the discretion of Ashford University.

In order to maintain CFTG benefits, you must (1) maintain employment with your current Employer, (2) follow your

Employer's requirements, (3) **submit documentation of tuition assistance eligibility or payment from your Employer**, (4) not withdraw or be dismissed from Ashford University, and (5) refrain from taking breaks from enrollment greater than 14 days without an approved Academic Leave Request. As a CFTG recipient, you must comply with the terms set forth in your enrollment agreement, CFTG eligibility forms, and all applicable Ashford University policies.

Please review and initial the following:

1. _____ I have been advised of the availability of funding under the federal student financial aid programs to assist in paying my educational expenses, including my tuition, fees, and living expenses, and of other financial aid resources available to me, including but not limited to the CFTG Payment Option, through the Ashford University Financial Aid Office.
2. _____ I am aware that the Net Price Calculator (<https://ashford.studentaidcalculator.com/survey.aspx>) is available to me as a resource to estimate the amount of Title IV funding I am choosing to waive while participating in the CFTG program.
3. _____ I choose to receive the Corporate Full Tuition Grant and agree not to receive federal student aid funds at this time.
4. _____ If at any time I decide to receive federal student financial aid, Ashford will assist me with the application process. I understand I will automatically lose my eligibility for the CFTG, and I will be responsible for any and all charges incurred outside of the CFTG period. Loss of eligibility will be effective at the end of my current course.
5. _____ I understand that my employer may have requirements that I must abide by in order to continue to receive my CFTG benefits.
6. _____ I understand that if I fail to meet the requirements for CFTG then I will personally be responsible for the direct education related costs.

By signing this Disclosure and Waiver Section, I agree to the above.

Student Signature: _____ Date: _____

Credit Card Terms & Conditions (Required)

To qualify for the CFTG program, students who have employer or third-party administration (TPA) required steps to ensure tuition reimbursement or direct bill payments are issued, must submit a signed Full Tuition Grant Student Credit Card Payment Authorization form with a valid credit card number (debit cards are not allowed unless endorsed by Visa or MasterCard). Tuition payment, excluding fees, will be deferred a maximum of 45 days from each valid course grade posting. This deferral is to give you ample time to follow your company's policy for reimbursement and send your company's payment to Ashford University. If Ashford University has not received payment for the course, this form authorizes Ashford University to charge your credit card 60 days after each valid course grade posts for tuition not to exceed the employer contribution for the CFTG year. The terms and conditions of payment deferral under this CFTG program are not contingent upon reimbursement by your employer, it is your responsibility to adhere to all of your employer's tuition assistance policies and procedures to ensure you receive full tuition assistance funding from your employer.

By signing this Credit Card Terms and Conditions Section, I agree to the above.

Student Signature: _____ Date: _____

Admissibility Acknowledgment (Required)

For Applicant/Student

I, _____ (applicant/student), certify by endorsing this form that I am eligible for the Corporate Full Tuition Grant (“CFTG”) and have been approved by _____ to receive the maximum tuition assistance amount per year of \$_____, which qualifies me as eligible for the CFTG starting on _____ (date).

I understand that if for any reason I do not receive the full tuition assistance amount detailed above during any CFTG Year, my eligibility for the program may be lost and another payment option will be required. I also understand and agree to my roles and responsibilities outlined in the [Corporate Full Tuition Grant policy](#), this Corporate Full Tuition Grant Acknowledgement (“Agreement”), and the Corporate Full Tuition Grant Disclosure and Waiver.

By executing this Agreement, you are entering into a contract that is binding. The purpose of this Agreement is to set forth the scope of engagement as a recipient of CFTG, to confirm that you and Ashford University are in mutual agreement about the scope of our engagement, to set forth the financial arrangement, and to verify your approval of these financial arrangements.

Eligibility Requirements (Required)

Students will receive the benefits outlined in the Corporate Full Tuition Grant Agreement between Ashford University and the Employer after meeting all of the requirements outlined below:

1. Be currently employed by the Employer, or by an employer whose tuition assistance benefit is administered by the Employer, at the time of application to Ashford University and maintain that employment during the time covered by CFTG.
2. Apply and be accepted into an Employer approved program of study at Ashford University.
3. Print, sign, date, and submit a copy of this Agreement (this form) and all other required supporting documents with your application for admission.
4. Submit on an annual basis renewed confirmation of employer provided funding at the start of each FTG Year.

Any of the following circumstances may result in the loss of CFTG benefit eligibility:

- a. Loss of employment with Employer
- b. Failure to meet Employer’s requirements
- c. Failure to submit documentation of tuition assistance eligibility or payment from Employer
- d. Withdrawal/dismissal from Ashford University
- e. Break in enrollment of greater than 14 days without an approved Academic Leave Request
- f. Receiving any form of federal student financial aid funding (such as Pell Grant and Direct Loans) for any education related expenses while participating in CFTG
- g. More than two (2) unsuccessful grades (defined as an “F,” “WF,” “W,” or for General Education Competency courses, below a “C-”)
- h. Failure to meet Satisfactory Academic Progress during the course of the program or violating Ashford University policies outlined in the [Ashford University Academic Catalog](#)
- i. Successfully complete degree program (continuation will require a new application).

I understand that the intent of the CFTG program is to prevent me from having any direct education-related costs. In order to receive the full benefit of this program, I understand that I must work with my employer and follow all required procedures to ensure the entire contribution is paid from my employer’s funds.

Furthermore, I understand that this Agreement includes the terms of my grant from Ashford University and my responsibilities to maintain CFTG eligibility, even if my employer’s tuition reimbursement form contains terms that are different. I also understand that I am financially responsible for any and all charges incurred outside of the CFTG period in the event that I cease to be eligible. Loss of eligibility will be effective at the end of the student’s current course once Ashford University is notified or aware of the student’s loss of eligibility.

By signing this Admissibility Acknowledgement and Eligibility Requirements Section, I agree to the above.

Student Signature: _____ Date: _____

Printed Student Name: _____ Date: _____

Authorization to Release Student Records to Employer (Required)

This form is used to give third party organization(s) permission to verbally speak to, and receive transmission of academic and financial student account-related information (detailed below) from Ashford University regarding your records, as needed for the purpose of administering the Corporate Full Tuition Grant (CFTG) program between Ashford University, your employer, and any organization authorized by your employer to administer its tuition assistance offering.

In order to enable administration of the Corporate Full Tuition Grant (CFTG), when you sign this Authorization to Release Student Records to Third Party Organizations, you are authorizing Ashford University to communicate (both verbally and in writing) with any third party organizations you name below, as well as any contractors used by that third party organization to administer and process the Corporate Full Tuition Grant.

Third Party Organization Information

Please provide the following information for your third party organization:

Name: _____ Phone Number: _____

Purpose of Release: To allow the communication necessary between Ashford University, your employer, and any of its third party administrators that help manage the CFTG program.

Releasing information to third party organizations rather than an individual will allow all individuals in those organizations to speak to or receive transmission of your records from Ashford University.

The student information submitted to the third party organization by the University is confidential information and shall be used only for the purposes stated in this agreement. The third party organization agrees not to share or disclose this data with any third-party outside of the purposes stated in this agreement, unless required to do so by law or other agency regulations. Failure to comply with the requirement not to release information, except for the sole purpose stated above, will result in cancellation of this agreement and the eligibility for the third party organization to receive any student information from the University.

Information to be Released

Personal – Personal information, including, but not limited to Employer and/or Agency name, CFTG document status(es), full name, Student ID, and break status(es).

Financial – Billing related information, including, but not limited to financial aid information, account balances, account statements, outstanding payments due, CFTG balances, and scheduled grant payments.

Academic – Academic related information, including, but not limited to grades received, credits attempted and earned, Grade Point Average (GPA), unsuccessful grade information, student status, program, start date, course names, and periods of attendance.

Authorization

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, Ashford University will only disclose confidential information from the educational records of students to third parties if the University has written consent from the student on file. Please sign below to advise the Office of the Registrar that you consent for the University to communicate with the third party organization you named, and any contractor authorized by the third party organization, including relevant portions of your educational record that may be necessary to administer the CFTG grant. *Please Note: The authorization that you provide by submitting this form will remain valid unless specifically revoked by you via a separately signed Revoke Authorization to Release Student Records form.*

I consent that Ashford University may disclose confidential information from my educational record to the third party

organization listed above, including any contractor authorized by the third party organization. By signing below, this form will serve as my written consent until revoked, and will be sent to the appropriate department for processing.

Student Signature: _____ Date: _____

Printed Student Name: _____ Date: _____

Representative Acknowledgement (Not required if Agency Voucher or Letter of Credit is provided)

Student Name: _____ Student Identifier (DOB or Student ID): _____

_____ authorizes the above employee as eligible for the CFTG. The maximum dollar amount of \$_____, is available to the student starting on _____ (date) as long as student (1) continues to meet Employer's eligibility requirements, (2) has not yet completed her or his degree (continuation will require a new application), and (3) does not elect to discontinue participation in the CFTG program.

I certify that I am a representative of _____ authorized to complete this Agreement, and that the above information is accurate; I understand and agree to the roles and responsibilities outlined in the Corporate Full Tuition Grant Agreement.

Signature (Authorized representative): _____ Date: _____

Print Name: _____ Title: _____

Second Signature (Authorized representative, if applicable): _____ Date: _____

Print Name: _____ Title: _____