

Government Full Tuition Grant Annual Re-Confirmation of Benefits

Effective or Revised Date: 12/18/20

Submission Instructions

This form is not required if Agency Voucher or Letter of Credit is provided.

Student Information

Student Name: _____

Student ID or DOB: _____

_____ authorizes the above employee as eligible for the Government Full Tuition Grant (GFTG).

The maximum dollar amount of \$_____ is available to the student for each 12-month period 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 GFTG 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 Government Full Tuition Grant Agreement.

Acknowledgement

Signature (Authorized representative): _____ Date: _____

Print Name: _____ Title: _____