

APPLICATION FOR COLGATE HIGHER EDUCATION GRANT

This form is to be completed by the eligible Colgate faculty or staff member and submitted to the Human Resources Department. Separate applications must be submitted for each child attending an accredited college or university.

Employee's Name _____ Date of Hire _____
Title _____ Department _____

Child's Name _____ Date of Birth _____
(First) (Last)
Name of Institution _____
City/State/Zip Code _____

Academic level to be covered by this application: First Year Sophomore Junior Senior

This application is for (check one and fill in the appropriate year):

Academic Year _____ Dates of Attendance for Current Year _____
Less than a full year _____

During the period that the Colgate Higher Education Grant will be received (if granted), the student described above (check one):

- will be my dependent for federal income tax purposes throughout such period.
will not be my dependent for federal income tax purposes throughout such period.*

*If the child does not qualify as a dependent child under the Internal Revenue Code, the value of this benefit will be taxable to you. The tax will normally be withheld from your paycheck as follows: Fall semester: September – December; Spring semester: February – May.

Employee Certification:

I certify that (1) the student described above is either my natural child, my adopted child, or my dependent stepchild, and (2) the information that I have provided on this application form is accurate. I understand that, as a condition of my receiving a Colgate Higher Education Grant ("Grant"), Colgate has the right at any time to request any information and/or documentation regarding my child as Colgate may, in its sole discretion, determine to be appropriate to review the child's eligibility and/or the tax status of any grant provided with respect to the child. I agree that my eligibility for a Grant shall be subject to the terms of Colgate's Higher Education Grant Program for Children of Employees. I understand that misrepresentation of any statement on this form, or failure to provide required documentation in a timely manner, is cause for cancellation of the Grant, and will result in Colgate having the right, in its discretion: (a) to either issue me a bill for the full costs of the Grant provided, or issue me a corrected Internal Revenue Service Form W-2 to reflect any additional gross income that I may have as a result of receiving the Grant; and/or (b) to take any other steps permitted by Colgate's employment policies or by law to address such misrepresentation or failure (including, in certain circumstances, the termination of my Colgate employment). **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW YORK THAT THE FACTS CONTAINED IN THIS FORM, AND THE INFORMATION THAT I PROVIDE IN ANY RELATED DOCUMENTS, ARE TRUE AND CORRECT.**

Signed (eligible employee) _____ Date _____

Please send the completed form to the Human Resources Department.

Eligibility certified by _____ Date _____ Comments _____