CAL POLY POMONA FOUNDATION, INC.
Educational Assistance Program
Dependent Application

Employee's Last, First Name:	Job Classification:	Department:
Employee's Work Phone #:	Email Address:	Hired Date:

Dependent's Last, First Name:	Dependent's Relationship to employee:	Dependent's Campus ID #:
Dependent's Phone #:	Dependent's Date of Birth:	Is the dependent claimed on employee's health benefit or Income tax? ☐ Yes ☐ No

Qualifying Dependent: Is defined as an employee's spouse, domestic partner, unmarried child, stepchild, adopted child and the child is under the age of 26.

Reimbursement Guidelines: The maximum level of Foundation reimbursement will be based on the Cal Poly Pomona's fee schedule (excluding Application Fees) for up to six units.

Dependent taking classes at Cal Poly: may submit their Univ. Fee Invoice for reimbursement prior to starting the course and after completion of the course submit evidence of grade achievement.
Courses taken at other institutions: Dependent must submit all receipts and grade achievement at the end of the course.

Course Information

Course #	Course Title	# of Units

Term: Fall___ Winter___ Spring___ Summer___ Academic Year: _____

Campus of Enrollment: Cal Poly Pomona___ Other: CSU, UC or Calif. Community College____
Name:_____

Student Status: New Student___ Continuing Student___

Course Level: Undergraduate___ Graduate___

I wish to transfer my Educational Assistance eligibility to my spouse, registered domestic partner or the dependent child listed above. I understand this transfer prohibits my personal use of the Educational Assistance Program.

_____ _____
Employee Signature Date

Submit completed form to Foundation Human Resources, Bldg. 55. Attn: Educational Assistance Administrator

FOR HR Use Only:

Request Granted: _____ Request Denied: _____
The employee noted above is eligible to participate in the Educational Assistance Program and is transferring eligibility to a dependent. The employee noted above has not transferred his/her eligibility to any other dependent for the period noted.

_____ _____
Human Resources Authorization Date