

# DUKE UNIVERSITY CHILDREN'S TUITION GRANT PROGRAM (CTGP) 2022/2023 APPLICATION

## Parent Instructions

1. Each semester/quarter, please complete and sign the parent section (page 2) of the Duke University Children's Tuition Grant Program (CTGP) application and forward all pages to the appropriate department at your child's school. The school will complete their portion (page 3) and return the application to Duke Benefits. The completed application must be received by Duke Benefits within 90 days of the end of the semester/quarter for which the grant is requested.
2. If this is your first time requesting the grant for this child, a copy of the birth certificate is required. If this is your stepchild, also provide a copy of your marriage certificate. These documents can be mailed or faxed (919.681.8774) to Duke Benefits and will be held until the completed application is received from the school.
3. **Please direct the school to complete and return the application by mail to Duke University Benefits, Box 90502, 705 Broad Street, Durham, NC 27708-0502 or via email from the school to [ctgp@duke.edu](mailto:ctgp@duke.edu).**
4. Upon receipt of the completed application from the school, Duke Benefits will determine eligibility, calculate the amount and request payment. Once the payment has been processed, the check is mailed to the school generally within 10 business days. Payments for the fall semester/quarter will not be disbursed prior to July 1.
5. Duke Benefits will send confirmation of the payment to the e-mail address provided on your application. If you do not receive confirmation within 14 business days of the school returning the completed application, please contact Duke Benefits at [ctgp@duke.edu](mailto:ctgp@duke.edu).
6. Last year, several schools implemented restrictions related to the release of the information requested on the application. However, this information is needed to determine the grant amount. If the school is restricting the provision of the information, it will be your responsibility to provide appropriate documentation (i.e., financial aid/student award notice, awards/aid on school letterhead, registration statement/receipt) via mail or fax (919.681.8774) to Duke Benefits.
7. Please note that the documentation must specifically identify all financial aid or awards as undesignated or designated for tuition. Any scholarships, grants or other forms of assistance (excluding loans, work study and student or parent payments) that have not been identified will be treated as designated for tuition for purposes of calculating the grant amount.

## School Instructions

1. Once the student is registered, please complete and sign the school section (page 3) of the Duke University Children's Tuition Grant Program application form.
2. The Duke University Children's Tuition Grant Program is applicable to **core tuition expenses only**. Please exclude any fees or other charges from reported tuition amounts and include only actual tuition amounts. Duke Benefits is unable to authorize a payment based on estimated amounts.
3. If your school restricts the release of any of the information to third parties, please check the appropriate box(es) and complete the remainder of the form. We also ask that you please notify the student and/or parent as it will be their responsibility to provide the information to Duke Benefits.
4. Be sure to include an official school seal or stamp in section 8.
5. **Please return the completed application**

**BY MAIL to:** Duke University Benefits  
Box 90502  
705 Broad St.  
Durham, NC 27708-0502

**or VIA EMAIL to:** [ctgp@duke.edu](mailto:ctgp@duke.edu)

*Please note: Faxes or earlier versions of the application will not be accepted.*

## Determination of Grant Amounts

Duke Benefits will use the tuition, room and board, fees and financial aid/award information that has been reported by the school or provided by the parent to determine the grant amount. Any "unidentified" scholarships, grants or other forms of assistance (excluding loans, work study and student or parent payments) will be designated and applied solely to tuition and the grant amount will be calculated accordingly.

## **Financial Aid (Scholarships, Grants or other Assistance)**

- If the financial aid is **not designated** for tuition and **not greater than room, board, and fees**, then the financial aid has no impact on the tuition grant payment.
- If the financial aid is **not designated** for tuition **and is greater than non-tuition costs** (room, board, and fees), then the amount over the non-tuition costs will be deducted from the tuition grant payment and the deductible still applies.
- If the financial aid is **designated** for tuition, then any amount over the deductible will reduce the amount of the tuition grant payment.

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Please read the accompanying instructions for completing this form. Completed applications must be received by Duke Benefits within 90 days of the end of the application semester/quarter. Information about determination of tuition grant amounts is available at: <https://hr.duke.edu/benefits/educational-benefits/childrens-tuition-grant>

## To Be Completed By Parent

Parent Name:		Duke ID:		Date of Hire:	
Parent Address:		City:		State:	Zip:
Work Phone:	Payroll Frequency: <input type="checkbox"/> Biweekly	Email Address (Required for confirmation):  If provided, we will send an e-mail confirming payment (if eligible) within 10 business days of receipt of completed application.			
Home Phone:	<input type="checkbox"/> Monthly				
Employed at: <input type="checkbox"/> University/Medical Center <input type="checkbox"/> Health System (Please see eligibility criteria at: <a href="https://hr.duke.edu/benefits/educational-benefits/childrens-tuition-grant/employee-eligibility">https://hr.duke.edu/benefits/educational-benefits/childrens-tuition-grant/employee-eligibility</a> )			Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Duke Disability <input type="checkbox"/> Eligible Retiree <input type="checkbox"/> Lay-Off <input type="checkbox"/> Surviving Spouse		
Student Name:		Student ID#:		Student Date of Birth:	
Have you previously used this program for the student above? <input type="checkbox"/> Yes <input type="checkbox"/> No* <i>*A copy of birth certificate or adoption papers is required for "new" students</i>					
Student is my: <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild** <input type="checkbox"/> Dependent of Same-Sex Spousal Equivalent <i>**A copy of the marriage certificate is required</i>					
College/University:					
<p>Currently, this benefit is not considered taxable income for most eligible participants. However, if your dependent does not meet the requirements of a qualifying child or qualifying relative for federal income tax purposes, then the benefit will be considered taxable income to you.</p> <ul style="list-style-type: none"> <li>• For purposes of the Children's Tuition Grant Program, I understand that my dependent is generally considered to be a qualifying child or qualifying relative if s/he: (1) is my child, stepchild or adopted child, (2) has over half of his or her support for the year provided by me, and either (3) is a full-time student under age 24 who lives in my home for over half the year (temporary absence because of special circumstances, including education does not prevent the dependent from qualifying) or (4) has gross income for the calendar year that is less than the exemption amount that applies for federal income tax purposes. For more details on dependents, you may wish to see IRS Publication 501. Please consult your tax advisor if you have additional questions.</li> </ul> <p><input type="checkbox"/> I certify that my dependent <b>IS</b> my qualifying child or qualifying relative for federal income tax purposes.</p> <p><input type="checkbox"/> I certify that my dependent <b>IS NOT</b> my qualifying child or qualifying relative for federal income tax purposes. <i>(If your dependent is not a qualifying child or qualifying relative, as defined by IRS rules and regulations, the Children's Tuition Grant Program benefit will have taxes withheld and will be reported as taxable income to you.)</i></p> <p>For calculating the grant payment, applications must have the tuition, room &amp; board, fees, and financial aid amounts.</p> <ul style="list-style-type: none"> <li>• If any of the required information is not provided by the school, it is the parent's responsibility to provide the appropriate documentation verifying these amounts, including the breakdown (undesignated aid or designated for tuition) for financial assistance.</li> </ul> <p>✓ I agree to provide appropriate documentation to certify any amounts not provided by the school for tuition, room &amp; board, fees and financial aid.</p> <p>✓ I understand that any unidentifiable scholarships, grants and/or other forms of assistance will be <b>designated for tuition</b> in calculating the grant payment.</p> <p><b>Important Notice:</b> Duke reserves the right to verify signatures and documents and the right to reject documents related to or pertaining to this program. Your benefit and eligibility for coverage in this program will be immediately terminated if you provide fraudulent or misrepresented information. This includes, but is not limited to, fraudulent statements or material misrepresentation of facts. Additionally, your other Duke-sponsored benefit plans may also be terminated and/or employment with Duke may also be terminated for providing fraudulent or misrepresented information. More information is available at <a href="https://hr.duke.edu/benefits/summary-plan-descriptions">https://hr.duke.edu/benefits/summary-plan-descriptions</a>.</p> <p>I certify that the dependent information is correct and that by signing this application, I agree to and understand (a) both statements for calculating the tuition grant and (b) the "Important Notice" listed above.</p>					
Parent/Employee Signature (Required)				Date	

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<b>Parent Name:</b> _____							
<b>To Be Completed By School (once student is registered)</b>							
1. Student Name _____					Student ID: _____		
2. (a) Is student registered as Full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(b) Is student a candidate for <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's degree?							
3. Student is registered for: <b>(Select Only One Term)</b> <i>Note: Summer I + Summer II = One Semester</i>					Summer I 2023	Summer II 2023	Full Summer 2023
Semester = 2 terms	<input type="checkbox"/> Fall 2022	<input type="checkbox"/> Spring 2023	n/a	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimester = 3 terms	<input type="checkbox"/> Fall 2022	<input type="checkbox"/> Winter 2022	<input type="checkbox"/> Spring 2023	n/a	n/a	n/a	<input type="checkbox"/>
Quarter = 4 terms	<input type="checkbox"/> Fall 2022	<input type="checkbox"/> Winter 2022	<input type="checkbox"/> Spring 2023	<input type="checkbox"/> Summer 2023	n/a	n/a	n/a
Please check if information cannot be released to third parties and parent or student will provide <input type="checkbox"/>							
4. (a) Tuition only for the term indicated in #3 above.					4(a) \$ _____ <b>Tuition Only</b>		
(b) Please check one for the term indicated in #3 above					4(b) \$ _____ <b>Room &amp; Board</b>		
<input type="checkbox"/> On-campus student - please indicate the <u>actual</u> charges for room & board							
<input type="checkbox"/> Off-campus student - please indicate the <u>standard</u> charges for room & board for an on-campus student							
(c) Fees for the term indicated in #3 above					4(c) \$ _____ <b>Fees</b>		
5. (a) & (b) Scholarships, grants, or other forms of assistance being received for the term in #3 above (excluding loans, work study, and student or parent payments) <b>Please check one:</b>					5(a) \$ _____ <b>Designated for Tuition</b>		
<input type="checkbox"/> Actual amounts are provided (payment cannot be made based on estimated amounts). If there is no financial aid, please use "\$0" – do not leave blank.							
<input type="checkbox"/> Financial aid information cannot be released by school to third parties - parent or student will provide					5(b) \$ _____ <b>Undesignated Aid</b>		
6. The remittance should be mailed to:							
_____				_____			
Contact Name and/or Office				School (Payable to School Only)			
_____							
Address (including City, State, and Zip)							
7. All schools to which Duke University tuition grant payments are directed will be required to refund to Duke University any credit balance (up to the amount of the Duke tuition grant) that occurs after the Duke University tuition grant and all other scholarships, grants, or other forms of assistance (excluding loans and payments by the student or parent) are applied.							
I understand the statement listed above, and I certify that the information on this application is correct.							
_____				_____			
Certifying Officer's Signature				Printed Name			
_____				School stamp/seal (required)			
Title							
_____							
E-mail Address							
_____							
Telephone Number		Date		School Name			
<b>APPROVAL FOR PAYMENT (DUKE UNIVERSITY HUMAN RESOURCES USE ONLY)</b>							
<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3							
Approved Amount:		_____		Authorized Signature		Title	
\$ _____		_____		Printed Name		Date	

**Completed application should be mailed by school to:**

**Duke University Benefits  
705 Broad Street, Box 90502  
Durham, NC 27708-0502  
or via email by school to: [ctgp@duke.edu](mailto:ctgp@duke.edu)**

**FAXES OR EARLIER VERSIONS OF THE APPLICATION WILL NOT BE ACCEPTED**