



BON SECOURS HEALTH SYSTEM EMPLOYEE PAYMENT FORM

Tuition Assistance Waiver Program - Bon Secours Memorial College of Nursing

Last Name **First Name** **Phone Number** **Lawson ID**

Part I: Application for Tuition Discount **Email:** _____

I certify that I am eligible for the Employee/Family Tuition Reduction award. This award is a 20% discount applied toward the BSMCON tuition for nursing courses taken at the College. I attest to meeting eligibility requirements for the tuition reduction and that I am (select one):

- a current employee of Bon Secours Health System, Inc. who is full, part-time or PRN status as defined by Human Resources.
- a family member* of a current employee who maintains a full or part-time status as defined by Human Resources (or if in a PRN status, my family member* works an average of 16 hours or greater per pay period, every semester).

_____	_____	_____
Family Member Name	Relationship	Lawson ID

*Immediate family member is defined as: spouse, child, grandchild, parent, grandparent, spouse’s parent, legal guardian, sister, brother, or step-parent of an employee.

Part II: BSHSI Employee Payment Option (BSHSI Tuition Assistance Paid Directly to the College)

BSHSI employees that are students at the College are eligible for Tuition Assistance (Policy SYS.HR.GEN.013), which will be paid directly to the College. Consistent with the policy, the payment amount will not exceed the Tuition Assistance calendar year limits and will be based on the employee’s status one week prior to the start of the semester. Should there be a remaining balance please select your payment option below.

If you choose, you may decline by checking this box: I decline the Tuition Assistance Waiver.

Payment is guaranteed with the following (please select):

- Financial Aid
- Employee payment plan balance divided into four (4) payroll deductions to commence on the payroll immediately following the start of the semester.
- Credit Card [To pay by credit card, please contact the Business Office at (804) 627-5385 or (804) 627-5362.]

By signing this document I certify that all information provided is complete and accurate, qualifying me for the tuition/fee assistance and/or tuition discount, I have read Policy SYS.HR.GEN.013 and that my signature grants the College permission to send my grades to BSHSI Human Resources.

Signature: _____ **Date:** _____

This form must be signed, and received prior to two weeks before the start of the semester to be valid.

A late payment penalty of 10% of the balance not to exceed \$100.00 will be assessed if account is not paid by the due date. Failure to meet any terms of this payment option will cause cancellation of this option for tuition payment and a financial hold will be placed on your account which will prevent further registration and restrict the ability to receive official college documents. Refer to the College Catalog for information on tuition, fees and term of payment. Signature implies acceptance of all terms and conditions contained herein.

Submit this form to Pat Roberson, Office of Secretarial Services, College of Nursing, patricia_roberson@bshsi.org

FOR OFFICE USE ONLY - This form has been received by the following offices:

Pat Roberson, CON	Date Received:	Date Processed:
Business Office, 8580	Date Received:	Date Processed: