

## Non-CMU Employees Application for Faculty/Staff Benefit 2025-2026 Academic Year

Please complete the first two sections and return them to your HR Office. They will, in turn, send to the Office of Financial Assistance.

Section 1: Student Information Student Name:	Student ID#			
Permanent Home Address:	City:	State:	Zip:	
Email:			-	
	arding FAFSA requirements helor's Degree already **See note below reg graduate spouse benefits at 50% are taxable. details of coverage.			
Which campus will you (student) attend?	Fayette (CLAS)	☐ Graduate Fayet	te/Online (GRAD)	
Section 2: Employee Information   s	TUDENT is same as EMPLOYEE (Please complete	Department inform	ation below)	
Name:	ID #: Relations	nip to Student:		
Permanent Home Address:				
City:	State:	Zip:		
Department:	Email:	Phone:		
*AII first-time UNDERGRADUATE app (FAFSA.) If it is determined that the student do it is determined that the student does not qualify following year unless their financial circumstances cost. The remaining tuition balance will be paid by for for benefit information. Failure to complete the FAF ** AII Undergraduate Students who have al to use federal loans must complete a FAFSA. If yo student's Signature:	plicants must complete a Free Appli oes qualify for federal or state grants, they must of for federal or state grants their first year, they all schange making them eligible for grants. Federal faculty/staff benefit. Students living on-campus need FSA and the Application for Faculty/Staff Benefit for Iready received their 1st Bachelor's Degree ou do not wish to use any federal loans, this require	cation for Feder omplete a FAFSA in re not required to contact the Finance of to contact the Finance orfeits the right to re- or any Graduate ment is waived for the	subsequent years. If implete a FAFSA the applied first to tuition acial Assistance office ceive the benefit.  Students who wish	
Employee's Signature:	<del></del>	Date:		
Section 3: Payroll/Human Resources In	<u>nformation</u>			
For Payroll/Hu	ıman Resources Office Only – Do Not Write In This	s Box		
Institution and Department	Date of Employme	nt:		
Benefit Eligible: Yes No	Date Eligible for Faculty/Staff Benefit:			
Payroll Director Signature:	Date:			