



Cornell University

**CORNELL CHILDREN'S TUITION
SCHOLARSHIP (CCTS) APPLICATION**

For the Academic Year: _____ - _____

Please type or print. (See reverse side for highlights of the program.)

STUDENT

1. Name: _____
(last/first/middle) (Social Security number) (Student ID number) (date of birth)
 Email address: _____
2. Home address: _____
(number/street/city/state/zip code)
3. Is student a New York State resident? Yes No

EMPLOYEE

Cornell Employee ID: _____

1. Name: _____
(last/first/middle) (Email address)
2. Home address: (number/street/city/state/zip code) _____
3. Campus address: _____ Campus phone: _____
4. Employment status (current): Full-time Part-time (if part-time: _____%) Retired (date: _____) Deceased (date: _____)
5. Date of hire: _____ Endowed Contract College
6. Please indicate student's relationship to employee (legal documentation may be requested):
 Natural child Adopted child (date of adoption) _____ Foster child as of: _____
 Partner's child (provide date of Partnership Agreement) _____ Stepchild as of (date of marriage) _____
7. Is the child your dependent* (i.e. do you provide more than half the child's financial support?) Yes No
8. Does your spouse/domestic partner work at Cornell? If yes: Name: (last/first/middle) _____
 Employee ID: _____ Email address: _____
9. Did you previously work at a college/university immediately prior to coming to Cornell? Yes No (If yes, please refer to the CCTS website: <https://hr.cornell.edu/benefits-pay/education-benefits/ccts>)

TERMS OF STUDY

1. Student will attend: Summer Fall Winter Spring
2. **Summer Session:** Indicate institution student will be attending during summer session:

3. If Cornell University's Summer School, indicate weekly session:
 3 weeks, # of credits: ___ 6 weeks, # of credits: ___ 8 weeks, # of credits: ___

DO NOT WRITE IN THIS AREA	
Summer	_____
Fall	_____
Winter	_____
Spring	_____

Section A: STUDENTS ATTENDING CORNELL

Cornell Student ID: _____

- 1A. Undergraduate registration. Check applicable box:
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Architecture, Art and Planning | <input type="checkbox"/> Human Ecology | <input type="checkbox"/> Hotel | <input type="checkbox"/> Fall semester Study Abroad |
| <input type="checkbox"/> Division of Unclassified Students | <input type="checkbox"/> Engineering | <input type="checkbox"/> Industrial and Labor Relations | <input type="checkbox"/> Spring semester Study Abroad |
| <input type="checkbox"/> Agriculture and Life Sciences | <input type="checkbox"/> Ag Engineering | <input type="checkbox"/> Arts and Sciences | <input type="checkbox"/> Shoals Marine Laboratory |
| | | | <input type="checkbox"/> Part-Time Study: Fall Spring |

Graduate Registration. Please read the cover letter accompanying this application for information on tax issues.

Please indicate the program you are registered in within the college (e.g. M.S., Ph.d., etc.): _____ Check applicable box:

- | | | | | |
|----------------------------------|--|---|--|---|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Human Ecology | <input type="checkbox"/> Architecture, Art and Planning | <input type="checkbox"/> Agriculture and Life Sciences | <input type="checkbox"/> Part-Time Study: Fall Spring |
| <input type="checkbox"/> Law | <input type="checkbox"/> Arts and Sciences | <input type="checkbox"/> Industrial and Labor Relations | <input type="checkbox"/> Veterinary: Ph.d. DVM | |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Engineering | <input type="checkbox"/> The Johnson: 2 yr. MBA | <input type="checkbox"/> EMBA Americas | <input type="checkbox"/> EMBA Metro 12 mo. MBA |

Please identify the name and the college where the Chair of your special committee is housed: _____

- 2A. Is student receiving a graduate assistantship? Yes No If Yes: Fall Semester Spring Semester

Section B: STUDENTS ATTENDING INSTITUTIONS OTHER THAN CORNELL

- 1B. Name of institution: _____
 Address: (number/street/city/state/zip code) _____
- 2B. Degree to be granted: (associate's, bachelor's) _____
- 3B: Certificate or diploma to be granted: (please refer to CCTS website) _____

SIGNATURES

I certify that I have read all of the program information on the back of this form and the website, and I certify that all of the above information is accurate to the best of my knowledge.

Signature of Student (optional) _____ Date _____
 Authorized signature _____ Date _____
 Arecibo personnel

Signature of Employee (required) _____ Date _____
 Approved for Cornell University _____ Date _____
 Benefit Services

Return completed application to:

Division of Human Resources, Benefits Administration, 395 Pine Tree Road (EHOB), Suite 102, Ithaca, NY 14850

Highlights of CCTS Program

- An online application form is available at: <https://hr.cornell.edu/benefits-pay/education-benefits/ccts>
- Please **complete all sections** of the application that are applicable to you.

Note: Only students attending Cornell should complete Section A.

Students attending other accredited schools should complete Section B.

- Employees will be notified in writing of approval or rejection. Employees with students attending institutions other than Cornell will also receive a **certification form which must be completed by the institution the student will attend**. It is the student/employee's responsibility to see that this form is **completed and returned to Benefits Administration**. The employee will be notified as soon as payment has been authorized.
- **IT IS THE EMPLOYEE'S OBLIGATION TO ADVISE BENEFITS ADMINISTRATION OF ANY CHANGE IN EMPLOYMENT STATUS, THE RECEIPT OF OTHER AWARDS, OR CHANGE IN THE STUDENT'S STATUS.**
- **Before signing** the application, both the student and the employee **must read** the following conditions:

I have read a copy of the CCTS Information Guide or have read the information online at www.hr.cornell.edu/benefits/education/ccts.html. I understand and agree to the following conditions:

- All CCTS scholarships are paid directly to the accredited institution. Cornell's **certification form** must be processed by the institution and returned to the employee before payment will be made to the institution. The CCTS benefit is not designed as a direct payment to the employee. Since some institutions require payment of tuition and fees at the time of registration, parents should be prepared to pay tuition and fees. They will be reimbursed by the institution which the child attends for the amount of the scholarship when that institution receives payment from Cornell.
- The CCTS program provides benefits for both tuition and fees at other institutions. The amount of the benefit for students attending Cornell is dependent upon the employee's date of hire.
- **If the student withdraws** during a term, the scholarship will remain for that term. Benefits provided under these circumstances will exhaust a full term of eligibility.
- **If the student withdraws** from school during a term or does not register for and/or attend all terms covered by this application, the employee will notify CCTS immediately at CCTS@cornell.edu.
- If asked by Cornell, the employee/student will request the appropriate official in the school in which the student is enrolled, to forward to Cornell University pertinent information in regard to tuition, fees and/or standings. Scholarship assistance may be withheld pending receipt of such information.
- Benefits from the CCTS plan are reduced to equal total eligible costs when the combination of CCTS and other awards that are only applied to tuition, exceed total eligible costs. The employee and/or student is **required to notify** Benefits Administration of any such award.
- CORNELL WILL NOT BE RESPONSIBLE FOR LATE PAYMENT FEES OR FINANCE CHARGES INCURRED IF THE CCTS AWARD IS NOT RECEIVED PRIOR TO THE STATED DEADLINE.
- Students must meet the family relationship requirements of the CCTS Plan as stated in the Cornell Children's Tuition Scholarship Legislation and/or the Summary Plan Description document.
- Any deliberate attempt to abuse the benefits of this program can result in disciplinary action or termination of employment.
- **TAXABLE BENEFITS:** The CCTS benefit is generally not taxable if it covers undergraduate education; however, under the Internal Revenue Code, the child must be a natural, adopted, foster or stepchild and a dependent. For tax purposes, a child is a dependent if you provide more than half of the child's support. If you indicate that the student is not your dependent, these additional taxes will be deducted from your paycheck during the semester in which the award is made using the withholding rate determined by your completed W4 form on file in payroll. Retirees with a taxable value will receive a 1099 at the end of the calendar year. All taxes will apply to the benefits paid for the children of an employee's domestic partner. State taxes will not be applied to the benefit paid for the children of the same-sex spouse who was married in NYS and can provide a marriage license (this also applies to marriages in Conn., Iowa, Mass., N.H., Vt, and Washington D.C.; countries: Netherlands, Belgium, Spain, Canada, South Africa, Norway, Sweden, Portugal, Iceland and Argentina). For additional information regarding tax withholding, please contact the Cornell Tax Withholding Helpline at 255-8201 or email: rb244@cornell.edu.