Office of Human Resources
University of the Incarnate Word
2023-2024 SACHS Tuition Waiver Application

Please return to Mallory Angier in Human Resources angier@uiwtx.edu	
Dependent's First Name:	**Dependent's Last Name:**
Dependent's Address:	**Dependent's Telephone:**
Dependent's E-mail Address:	**Dependent's SSN:**
Dependent's Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior	**Has the dependent applied for Admission to St. Anthony Catholic High School?** ☐ Yes ☐ No
Employee's Last Name:	**Employee's First Name:**
Employee's PIDM:	**Employee's Department:**
Employee's Classification: (Staff, Administrator or Faculty)	**Employee's Email Address:**
Employee's Date of Full-Time Employment:	**Employee's Telephone:**

I hereby certify that I am applying for the SACHS Tuition Waiver offered for full-time employees of the University of the Incarnate Word. I affirm that the child (ren) I am applying for is/are my legal eligible dependent(s). In addition, I have read the Tuition Waiver guidelines and understand the eligibility requirements.

_____ _____

Employee Signature **Date**

Do you have other dependent's participating in the high school tuition waiver program? ☐ Yes ☐ No	**If yes, list their name(s), current school and classification:**

Human Resources Use - Tuition Waiver Eligibility Information:

Approval: ☐ Yes ☐ No
TW Spreadsheet:

Rev: 3/2022 HR