WILLIAMS COLLEGE

ANNUAL TUITION GRANT BENEFIT REQUEST FORM
(for current and first year students)

Dependent Name: __________________________________________ Class of: ____________

College or University Attending: ________________________________
(Remember to submit itemized bills each semester if your dependent is attending a state college or university)

Address to send tuition payment (first year students only):
_____________________________________________________________

Employee Name (please PRINT): ____________________________________________

☐ I have read the Williams College Tuition Grant Plan Summary.

Signature of Employee: _____________________________________ Date: ____________

RETURN by June 1, 2012 to:
Office of Human Resources
100 Spring St, Suite 201
Williamstown, MA 01267

Office of Human Resources April 2011