

Please Return To:  
**Texas Christian University**  
TCU Box 297012  
Fort Worth, TX 76129  
PH: (817) 257-7858  
Fax: (817) 257-7462

**CITY OF FORT WORTH  
EMPLOYEE FINANCIAL ASSISTANCE  
APPLICATION**

TCU financial assistance to City of Fort Worth employees is one-third of the tuition rate. Established maximums by the city are six hours per semester (all summer terms combined are considered one semester).

Term/Year: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
TCU ID

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Office Phone

**PLEASE CHECK:**

Graduate Student \_\_\_\_\_

No. of Semester Hours: \_\_\_\_\_

Undergraduate Student: \_\_\_\_\_

No. of Semester Hours: \_\_\_\_\_

Program of Study \_\_\_\_\_

City Department: \_\_\_\_\_

Position: \_\_\_\_\_ Years employed by City: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

I hereby affirm that the information furnished by me is true and correct. I understand that any intentional reporting of incorrect information can lead to immediate revocation of benefits accrued through this program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date