



**FREED-HARDEMAN**  
U N I V E R S I T Y

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**CHRISTIAN SCHOOL EMPLOYEE DISCOUNT POLICY**

Freed-Hardeman University offers tuition remission to students who are **dependents** of a parent, or parents, who are **full-time** in the specific Christian ministries sponsored by the churches of Christ. This work may be verified annually.

The discount is available to children who are enrolled in an undergraduate program and are classified as dependent for federal tax and financial aid purposes. Provided there is no change in employment, discount is available up to a maximum of eight semesters. This discount, along with other institutional aid, cannot exceed the institutional cap.

Employment eligible for the tuition remission includes:

- I. CHRISTIAN SCHOOL FACULTY/STAFF  
\$2,500 discount per semester

The discount is awarded to dependent children of full-time employees of any K-12 Christian school with membership in the National Christian School Association (NCSA).

- II. CHRISTIAN COLLEGE/UNIVERSITY FACULTY/STAFF  
\$5,000 discount per semester

The discount is awarded to dependent students whose parents are full-time employees of the following Christian Universities: Abilene Christian University, David Lipscomb University, Faulkner University, Harding University, Lubbock Christian University, Oklahoma Christian University, and Pepperdine University.

Complete the parent section of the Employment Verification Form then present the form to a school official (school or university employees.)

**First-time freshmen:** Return the completed form no later than **April 15**  
**Transfer students:** Return the completed form no later than **June 15**

Office of Financial Aid  
Freed-Hardeman University  
158 E. Main Street  
Henderson, TN 38340  
Fax: 731-989-6775  
Email: [finaid@fhu.edu](mailto:finaid@fhu.edu)



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UNIVERSITY

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**CHRISTIAN SCHOOL EMPLOYEE DISCOUNT POLICY**

The information below must be completed and postmarked before the noted deadlines.

**PARENT SECTION**

STUDENT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

INTENDED TERM OF ENROLLMENT: FALL \_\_\_\_ SPRING \_\_\_\_ SUMMMER \_\_\_\_

NAME OF PARENT/EMPLOYEE: \_\_\_\_\_

**EMPLOYER SECTION**

SCHOOL/UNIVERSITY:

\_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_

TITLE: \_\_\_\_\_

This is to verify that the above-named parent is a full-time employee and is eligible for the Freed-Hardeman University Christian School Discount policy according to the guidelines on the reverse side of this form.

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*