



Bon Secours Memorial College of Nursing  
 8559 Magellan Parkway, Suite 1100  
 Richmond, VA 23227  
[www.bsmcon.edu](http://www.bsmcon.edu)

## Application for Tuition Discount

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<b>Last Name</b>	<b>First Name</b>	<b>Phone Number</b>	<b>Workday ID</b>
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**Email:** \_\_\_\_\_

I certify that I am eligible for the Employee/Family Tuition Reduction award. This award is a 20% discount applied toward the BSMCON tuition only (not fees) for nursing courses taken at Bon Secours Memorial College of Nursing. I understand that to be eligible for the discount, I must meet one of the criteria listed below. I understand that should my employment status change (or that of my family member listed below) with BSMH, I am no longer eligible for the Employee Discount in any subsequent semester.

**By signing this form, I attest to meeting eligibility requirements for the tuition discount (select one):**

I am a current employee of Bon Secours Mercy Health with an employment status of full, part-time, or PRN.

I am a legal dependent (per IRS code) of a full-time Bon Secours Mercy Health employee.

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<b>Family Member Name</b>	<b>Relationship (e.g., Parent)</b>	<b>Workday ID of Family Member</b>
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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***This form must be signed, and received 30 calendar days before the start of every semester to be valid.***  
**Submit it to College Bursar, [bsr-bursar@bshsi.org](mailto:bsr-bursar@bshsi.org) or fax 804.627.5480**

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**FOR OFFICE USE ONLY** - This form has been received by the following offices:

<b>Office of the Bursar</b>	<b>Date Received:</b>	<b>Date Processed:</b>
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