



Bon Secours Memorial College of Nursing
 8550 Magellan Parkway, Suite 1100
 Richmond, VA 23227
www.bsmcon.edu

Application for Employee Tuition Discount & BSMH Tuition Assistance Program Direct Billing

Last Name	First Name	Phone Number	Workday ID
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Email: _____ Facility (i.e. MRMC, St. Mary's Hospital, etc.): _____

Department (i.e. Registration, ED, etc.): _____

Select BSMH Employment Status

Select BSMH HR Direct Billing

- Full-Time Associate (budgeted to work 30+ hours per week)
- Part-Time Associate (budgeted to work 15-29 hours per week)
- PRN Associate
- I am a legal dependent (per IRS Tax Code) of a BSMH Full-Time Associate

- I authorize BSMCON to Direct Bill BSMH HR for my tuition benefits
- I choose to opt out of BSMH Direct Bill and I have contacted the BSMCON Bursar and BSMH HR

Family Member Name

Relationship

Workday ID #

By signing (electronically or otherwise) this form, I acknowledge and certify that I am eligible to receive the Employee Tuition Discount. The Employee Tuition Discount in the amount of 20% of Tuition (not Fees) will be applied to my BSMCON Registration Bill, and ultimately Student Ledger Card, in the Semester in which it was applied for. I understand that should my employment status change (or that of my family member listed above) with BSMH, I am no longer eligible for the Employee Discount in any subsequent Semester.

In addition, as a BSMH associate, I understand and authorize BSMCON to direct bill BSMH Human Resources Health & Welfare (HR) for any eligible and applicable tuition benefits as further explained in the BSMH Tuition Assistance Program policy, effective March 1, 2020 and I attest to meeting and maintaining eligibility requirements as further defined in that policy. Further, I understand and authorize BSMCON to share certain educational/academic information with BSMH HR as it relates to the BSMH Tuition Assistance Program policy, which includes, but is not limited to, grades, enrollment status, charges for tuition and fees and financial aid. Further, I understand my rights under the Family Educational Rights and Privacy Act (FERPA) and may revoke my authorization at any time by submitting a request to terminate such permissions in writing to BSMCON.

Signature: _____

Date: _____

This form must be signed and submitted 30 calendar days prior to the start of each Semester to be valid.

Forms are to be submitted to the BSMCON Bursar at bsr-bursar@bshsi.org.

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

Office of the Bursar	Date Received:	Date Processed:
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