



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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**Last Name**                                 **First Name**                                 **Phone Number**                                 **Workday ID**

**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 for nursing courses taken at the college. This award does not include a discount for general education course costs taken outside the Bon Secours College Campus. I understand to be eligible for the discount I must meet one of the criteria listed below. I understand that should my employment status change with Bon Secours or that of my family member making me eligible for the tuition discount, my course costs will be adjusted in the billing period that follows the change.

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

- I am a current employee of Bon Secours Health System, Inc. with an employment status of full, part-time, or PRN.
- I am a legal dependent (per IRS code) of a full-time Bon Secours Health System, Inc. employee

\_\_\_\_\_

**Family Member Name**

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Workday ID**

**Signature:** \_\_\_\_\_

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

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

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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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