



Bon Secours Memorial College of Nursing
 8559 Magellan Parkway, Suite 1100
 Richmond, VA 23227
www.bsmcon.edu

Application for Tuition Discount

Last Name	First Name	Phone Number	Workday ID
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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.

Family Member Name	Relationship (Parent, Spouse)	Workday ID of Family Member
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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 or fax 804.627.5480

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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