

UNIVERSITY OF DAYTON  
OFFICE OF HUMAN RESOURCES

***ANNUAL APPLICATION FOR 30% TOTAL FAMILY DISCOUNT  
AT THE BOMBECK FAMILY LEARNING CENTER  
2013-14***

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Location \_\_\_\_\_ +4 Zip \_\_\_\_\_

Child's Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*To be Eligible for a 30% Discount, Total Family Income cannot exceed \$65,000 during the previous calendar year.\**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please attach proof of total gross family income before deductions. (IRS form 1040)**

*(A 15% Total Family Discount is available to all benefits eligible employees with an individual salary less than \$100,000 without this application)*

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For Human Resource Use Only

Human Resource Approval \_\_\_\_\_ Date \_\_\_\_\_

Discount Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

*The above discount will be reflected in your next Bombeck Family Learning Center tuition charge.*