

## FACHEX PROGRAM INFORMATION AND APPLICATION

### Program Qualifications, the student:

- A. must qualify as a child (eligible children are children born to the University employee and not adopted by another or children adopted by the University employee prior to the commencement of the academic year) of a current or former full-time Faculty or Staff member who, prior to the first day of classes for the term for which FACHEX benefits are sought, meets one of the following criteria:
  - ♦ he or she is a full-time Faculty or Staff member who has completed three years of continuous full-time service with Saint Louis University immediately prior to the first day of classes for which FACHEX benefits are sought; or
  - ♦ he or she is a former full-time Faculty or Staff member who was employed for more than seven consecutive years by Saint Louis University and he or she terminated employment with the University by reason of his or her death or by reason of retirement upon or after the attainment of age 60; and
- B. must not have been awarded a Bachelor's degree; and
- C. must have met the established requirements for admission to the participating FACHEX institution; and
- D. must, once admitted, continue to meet any existing requirements to maintain satisfactory academic progress at the participating FACHEX institution; and
- E. must not have reached his or her 25th birthday.

### FACHEX Program Eligibility

Saint Louis University determines your eligibility for the FACHEX Program, after you apply for FACHEX eligibility certification. If Saint Louis University would grant full-undergraduate tuition remission benefits to the student based on his/her parent's University employment, then the student is eligible for consideration for a FACHEX award.

### FACHEX Award Value

The FACHEX award provides the annual cost of tuition at a participating institution, but FACHEX recipients must pay the cost of applicable fees, books, room, board and other costs of attendance at the FACHEX institution. As always, students may apply for additional, need-based financial assistance by annually filing the Free Application for Federal Student Aid (FAFSA).

### FACHEX Program Limitations

Not all Jesuit institutions participate in the FACHEX program, and there are some program restrictions at some participating institutions (e.g., health sciences, nursing, and overseas studies may be excluded). Each university determines the programs that are unavailable to FACHEX students. Furthermore, no participating institution is obligated to enroll more than three FACHEX students over the number it sends out to other schools. Hence, at times, one or more participating FACHEX institutions may have no openings, and it may be impossible to forecast much in advance as to when openings could occur. Institutions aim to inform FACHEX applicants of their award status no later than May 1. If a FACHEX institution offers less than full tuition remission to its eligible faculty/staff dependents, an incoming FACHEX student would receive a similar tuition award and be responsible for the difference between full tuition and the FACHEX award along with other non-tuition costs.

### FACHEX Program Requirements & Recertification

If given a FACHEX award, the employee must request recertification each year the student is attending that Jesuit institution. Please complete the attached form annually and request recertification. **This must be completed by March 1.**

Should you have any further questions, please contact one of  
Saint Louis University's FACHEX Coordinator:  
Julie Martin at (314) 977-4211 or email at [sfs@slu.edu](mailto:sfs@slu.edu)

# FACHEX PROGRAM INFORMATION AND APPLICATION

This information will be used to establish the employee's and student's eligibility for the FACHEX Program. Due to the limited number of FACHEX openings each academic year, not all FACHEX applications will result in a FACHEX award.

This FACHEX application must be received in the Saint Louis University Office of Student Financial Services no later than **October 1**, before the student's fall semester of enrollment at a participating FACHEX institution. Please submit this form if requesting re-certification by **March 1**. Please complete this form in its entirety.

You are requesting FACHEX eligibility as:

- A new Freshman Undergraduate Applicant  A New Transfer Undergraduate Applicant
- Recertification  Other (explain) \_\_\_\_\_

## EMPLOYEE INFORMATION:

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Last First MI

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ Years of Continuous Employment at SLU: \_\_\_\_\_

SLU Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Campus Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

## STUDENT INFORMATION:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

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

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Anticipated FACHEX Enrollment Semester & Year: \_\_\_\_\_  
Month/Day/Year

Please list those institutions (attach additional sheets if necessary) for which FACHEX certification is desired. The student must meet the admission and FACHEX Program requirements and deadlines established at each FACHEX participating institution. For a list of participating institutions, visit: [FACHEX Program Information](#). **Do not list Saint Louis University (SLU) on this application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that my child, the student named above, meets the eligibility requirements (outlined within this application) to receive benefits under the FACHEX Program. My signature below attests that the information on this Application is accurate and complete.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Ink Signature Only)

## UPON COMPLETION SUBMIT TO:

Saint Louis University  
Office of Student Financial Services, FACHEX Coordinator  
One Grand Blvd., DB 121. St. Louis, Missouri 63103-2097  
FAX: (314) 977-3437 or E-MAIL: [sfs@slu.edu](mailto:sfs@slu.edu)

OFFICE USE ONLY	
CERTIFICATION YEAR:	_____
DATE OF CERTIFICATION:	_____