

Associated Colleges of the Twin Cities

**Dependent Tuition Assistance Program (DTAP)**

APPLICANT'S CONFIRMATION OF PARTICIPATION

**To the applicant:**

As soon as you have made a decision regarding DTAP, complete and return this form Employment Services.

*Please check the appropriate statement(s) below:*

I have been accepted to the following college through DTAP and intend to enroll there.

(Check one)  Augsburg College  Hamline University  University of St. Thomas  St. Catherine University

I do not plan to enroll through DTAP. I will attend a college outside of the ACTC program.

College Name \_\_\_\_\_

I plan to attend my home college (Macalester).

Student Signature \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_

Home College Macalester College

**Please return to Employment Services or email to [hr@macalester.edu](mailto:hr@macalester.edu)**