## Faculty & Staff Tuition Scholarship Application

Note: Application deadline is five business days prior to the start of the semester or summer term. Summer 1 Semester (check one) Fall Spring Summer 2 Year\_\_\_\_ Applicant: Employee Dependent Spouse Employee: \_\_ First/ Last Employee ID # Job Title Phone Supervisor Department E-mail Student: First/ Last Student ID # Student DOB: Student Classification: Undergraduate Graduate Transient/ non-degree seeking Total Hours enrolled: Please complete: Student has met all requirements for admission, and is in good standing with the University \_\_\_\_yes \_\_\_ no Student is in good academic standing \_\_\_ yes \_\_\_ no Student has no prior outstanding balance due to the University \_\_\_ yes \_\_\_ no Employee is a full-time benefits-eligible employee \_\_\_ yes \_\_\_ no Employee is not under any probationary period \_\_\_ yes \_\_\_ no If this application is for my spouse or dependent, I have included their Birth Certificate or documentation of legal guardianship and a copy of my most recent federal tax return \_\_\_ yes \_\_\_ no

I understand that I am only eligible for 6 hours per semester per employee, to be used by either myself, spouse, or dependent yes no	
I understand that I must a FAFSA on file to be eligible for this scholarship yes no	
(Probationary employees are only eligible for 3 hours per semester)	
I have read the Program requirements described in UHV Policy C-18, Employee Training and Development, and am eligible to participate in this Program. I understand that the benefits provided by the University under this Program are subject to certain criteria as set forth in the Program Guidelines. I understand that scholarship will be applied to the student account listed above. The scholarship amount will be reduced by other federal or state grants waivers/exemptions and/or scholarships. If the student listed above does not complete the course with the required grade, drops the course, or withdraws from the course at any time during the semester, the scholarship will be withdrawn and I will be responsible for the cost of the course.	
attorney fees and other applicable collection	nquent amounts to a collection agency and I agree to pay all n costs and charges necessary for the collection of any s Office may release my grades for internal use in verifying my
Employee Signature:	Date:
Student Signature:	Date:
Supervisor Signature:	Date:
Employee Signature Date Supervisor (required for employee enrolling in class) Date	
Human Resources Office: (complete and re	
Hire Date: % FTE: Benefits Eligible YES NO	
Human Resources Date	
Financial Aid Office: Date Received	