

- 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required grade, drops the course, or withdraws from the course at any time during the semester, the scholarship will be withdrawn and I will be responsible for the cost of the course.

I authorize the University to assign my delinquent amounts to a collection agency and I agree to pay all attorney fees and other applicable collection costs and charges necessary for the collection of any amount not paid. I agree that the Registrar's Office may release my grades for internal use in verifying my eligibility for the scholarship.

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 return to employee)

Hire Date: % FTE: Benefits Eligible YES NO

Human Resources Date

Financial Aid Office: Date Received _____