

UHV Staff Tuition Scholarship Program Application

Note: Application deadline is five business days prior to the start of the semester or summer term.

Semester (check one) ___ Fall ___ Spring ___ Summer I ___ Summer II Year ___

Employee Name: _____

Employee ID # _____

Job Title: _____

Department: _____

Phone #: _____

UHV E-mail address: _____

Supervisor: _____

I will be enrolling in a total of ___ semester credit hours. Please indicate which course you want the Staff Scholarship to cover:

Course ID	Course Title	Class Days	Time

Note: Course shall be defined as any regular course offered at the UHV Victoria or UHV-Katy for which academic credit is awarded upon successful completion of the course.

Please complete:

- I have met all requirements for admission, I am in good standing with the University ___ yes ___ no
- I am in good academic standing ___ yes ___ no
- I have no prior outstanding balance due to the University ___ yes ___ no
- I am a full-time benefits-eligible employee ___ yes ___ no
- I am not under any probationary period (new employee or performance) ___ yes ___ no

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 Staff Scholarship benefits will be applied to my account at the beginning of the semester and the scholarship amount will be reduced by other federal or state grants or scholarships. If I do not complete the course with the required grade, or if I drop or withdraw from the course at any time during the semester, the scholarship will be withdrawn and I will be responsible for the cost of the course.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

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 _____

Notes:
