EMPLOYEE/DEPENDENT SCHOLARSHIP APPLICATION (ISTAFF)

1. The Scholarship Program will cover registration fees for a maximum of six (6) credit hours for Fall Term and six (6) credit hours for Spring Term. A total award of twelve (12) credit hours per year may be shared between the employee and dependent(s). Employees (not dependents) can also receive a maximum of 3 credit hours for each of Summer A and B. Summer class(es) must be taken outside of the employee’s normal work schedule. Applicants must pay for all lab or special fees. For qualifying students enrolling in “clock hour” programs, the Scholarship Program will cover registration fees for up to 180 clock hours for Fall and/or Spring Terms, and up to 90 clock hours for the Summer (equivalent to the credit hours covered, but NOT in addition to the credit hours). The only Bachelor's Degree programs for which the Scholarship covers course fees for employees are the Bachelor of Applied Science Degree in Organizational Management and courses within the Teacher Recertification Program.

2. Current, full-time employees with at least four (4) months of full-time employment are eligible.

3. A dependent is defined as one who is currently eligible to be classified as a dependent by I.R.S. definition or is the employee’s spouse.

4. With approval of their manager and area Vice President, career service and professional support staff may enroll for classes during normal workday hours if related to job improvement. (The Vice President for Finance and Administration/CFO and area Vice President must approve exceptions to this policy.)

5. The applicant must not be on academic or disciplinary probation.

6. The scholarship will not pay out-of-state tuition or lifetime learning fees for student who attempt classes for the third time, or repeat a class after receiving a passing grade.

7. Students will be liable for tuition charges if they never begin attendance in the classes covered by this scholarship.

I am requesting this scholarship for:  (if for both, check both items and complete sections A and B)

_____ my dependent(s)   _____ myself

SECTION A: Dependent Information: I certify that ____________________________.  
ID# ______________________, is a dependent member of my family and is being claimed as a tax exemption for the current year, or is my spouse.

SECTION B: Full-Time Employee Information: I certify that I have been a full-time employee for a minimum of four (4) months; and this request does not exceed 12 credit hours (or the combined equivalent in clock hours) of this scholarship, this academic year, for myself and/or my dependent(s).

Print Employee Name ______________________________ID#________________________________

Indicate the Term(s) requested for:  ___Fall    ___Spring    ___Summer (Employee Only) Year_______

___ Classes will be taken during normal working hours, and are job related.

___ Classes will be taken during normal working hours, and are not job related.

___ Fall/Spring classes will be taken during my lunch hour (between 11:00am and 2:00pm), at night, or other non-working time.

___ Summer classes will be taken at night or other non-working time (not during my lunch hour).

Academic Level:  ___ Associates   ___ Bachelor’s (limited to BAS in Org. Mgmt. & Teacher Recertification)

Signature:  Faculty or Staff Member (Employee)     Date

Approval:  Department Supervisor     Date

Approval:  Area Vice-President     Date

Approval:  Director of Human Resources     Date

ROUTING INFORMATION: The employee signs and dates the form, obtains approval and signature/date of Supervisor, and forwards it to the Area Vice President. Once approved, the Area Vice President will forward it to the Human Resources Office. The Human Resources Office will forward the approved forms to the Financial Aid Office. Disapprovals will be sent back to the employee.

An Equal Opportunity College

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