



Employee Scholarship Program Application

Employees (and their dependents) attending courses at UT Tyler must complete this form each semester and submit to the Office of Human Resources. NOTE: Employees must submit one form per individual applying for the scholarship. For consideration, the form must be submitted by the stated deadline on the Employee Scholarship Program website. Please submit the completed form to Office of Human Resources, Stewart Hall 108 or via email at humanresources@uttyler.edu.

APPLICANT INFORMATION			
Applicant (select one):	Employee	Dependent Child	Spouse
Employee Name:		Employee ID Number:	
Department:		Employee Hire Date:	
Academic Year:	Semester (check one):		
	Fall Spring Summer		
Student Name (if different than above):		Student ID Number (if different than above):	
Degree plan (Undergrad, Grad, Ph.D., not degree seeking)		What degree are you seeking?	

COURSE INFORMATION			
Course Number	Course Name	Class Day/Time	Credit Hours

EMPLOYEE ACKNOWLEDGMENT

_____ I have read the program requirements described in the Employee Scholarship Program Guidelines and Procedures found at <https://www.utt Tyler.edu/human-resources/employees/employee-scholarship-program.php> and I and/or my dependents are 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 the scholarship provided by the University is also subject to institutional availability of funds.

_____ I understand that if this application is for my spouse or dependent, I must provide documentation as described in the Program Guidelines as proof of marriage or dependency.

_____ I understand that the applicant listed above must be admitted to the University prior to be eligible for this scholarship.

_____ I understand that a FASFA must be on file for the student to be eligible for this scholarship.

_____ I understand that the scholarship will be applied to the student account listed above. 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, I understand I will be responsible for repaying tuition and/or fees as described in the Program Guidelines document.

_____ I understand that the Employee Scholarship is a last dollar scholarship. If other applicable grants, scholarships, and/or institutional awards are greater than the Employee Scholarship, no scholarship amount will be posted to the student account.

_____ I understand under certain circumstances, the scholarship may be subject to income tax and the appropriate taxes must be withheld.

Employee Signature

Date

SUPERVISOR ACKNOWLEDGMENT (For Employee Applicants ONLY)

_____ I certify that the employee named above has filled out this form completely and correctly to the best of my knowledge and is in full-time status and good standing for eligibility.

_____ My signature below denotes authorization and approval of the above employee's class attendance for the course(s) listed, if taken during regular work hours.

_____ I acknowledge that the Employee's class attendance, if during regular working hours, must be made up or documented as annual leave taken.

Supervisor Signature

Date

HUMAN RESOURCES VERIFICATION

_____ Hire Date Eligibility Confirmed

_____ Spouse / Dependent Documentation Received

_____ Approved

_____ Denied

NOTES:

HR Signature

Date