



## 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](mailto:humanresources@uttyler.edu).

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

<b>COURSE INFORMATION</b>			
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/documents/empscholarshipprogguidelinesandprocedures\\_7.2022.pdf](https://www.utt Tyler.edu/human-resources/documents/empscholarshipprogguidelinesandprocedures_7.2022.pdf) 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 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 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