TARLETON STATE UNIVERSITY

Print Form

Employee Scholarship Application

Employee UIN: _____

Employee Name: _____ Student ID: _____

Department: _____ Campus Mail Stop: _____

Employee Scholarships are available for enrollment at the following rates per semester:

3 or more credit hours	=	$600.00
2 credit hours	=	$400.00
1 credit hour	=	$200.00

to be prorated on the employee's percentage of full-time employment for the semester enrolled.

NOTE: An application must be submitted each semester to the Scholarship Office. In addition, the applicant can only be eligible for either the Employee Scholarship or the Employee Spouse/Child Scholarship, but not both scholarships.

Eligibility:

- Permanent Tarleton employee budgeted by name and Adjunct Faculty (excludes positions for which student status is required).
- Be eligible for benefits during the semester enrolled. (Excluding Adjunct faculty)
- Must meet minimum admissions requirements.
- Must maintain an overall or Tarleton GPA of 2.0
- Be a student in good standing with the University.
- Cannot be on academic probation.

Semester of Request:

		Due
Fall	☐	**8/1**
Spring	☐	**12/1**
Summer	☐	**5/1**

Employment:

Full-time Employment ☐

Part-time Employment ☐

Adjunct Faculty ☐ (if class fails to meet or employment is canceled, the scholarship will be revoked)

As an employee of Tarleton State University and having fulfilled the eligibility requirements described above, I am requesting permission to enroll in the following classes (List Below):

Course Prefix and Number:	**Day(s) of Week:**	**Times:**

If classes occur during regular office hours, the time missed to attend class will be made up:

Employee Signature Date

Dean (if applicable) Date

Immediate Supervisor Date

Vice President Date

APPROVED:

Department Head/Director Date

Director of Scholarships Date