

**STEPHEN F. AUSTIN STATE UNIVERSITY
EMPLOYEE SCHOLARSHIP PROGRAM
DEPENDENT CHILD CERTIFICATION FORM**

SECTION A: PERSONAL DATA

Employee Name: _____

Employee ID #: _____

Dependent Child Name: _____

Dependent Child Date of Birth: _____

Relationship to Employee: _____ Son _____ Daughter _____ Other

SECTION B: DEPENDENT CHILD CATEGORY

Check the one statement below which describes your relationship to the dependent child named above:

Natural Child (Includes natural or adopted children)

_____ I certify that the above named dependent child is not married and is under the age of 26.

Other Child (Includes step-children, foster children, grand children)

_____ I certify that the child named above is my stepchild and his/her primary residence is my household.

_____ I certify that I am the legal guardian of the child named above and his/her primary residence is my household.

_____ I certify that the child named above is my foster child and his/her primary residence is my household.

_____ I certify that I have assumed all parental responsibilities for the child named above and his/her primary residence is my household. The natural parent is age 21 or older and does not reside in my household. The natural parent's date of birth is _____.

_____ I certify that the child named above is my dependent for federal income purposes and is a child of my child.

SECTION C: CERTIFICATION

I certify that all information provided above is valid and true to the best of my knowledge. I understand that a fraudulent statement may be cause for the expulsion from this Program. I understand that I may be requested to provide documentation to verify the above named dependent child's eligibility for this program.

Signature of Employee or Widow/Widower

Date Signed