

STEPHEN F. AUSTIN STATE UNIVERSITY
EMPLOYEE SCHOLARSHIP PROGRAM – EMPLOYEE APPLICATION

The Stephen F. Austin State University (“SFA” or “University”) Employee Scholarship Program (“Program”) is offered in accordance with SFA Board Policy 12.5, Employee Scholarship Program. It provides eligible employees, their spouses and dependents, and the widow or widower and dependent children of an individual who died while an employee with assistance in obtaining additional education. The Program is subject to the availability of specific funds in the University budget.

Application Deadline: Application must be received in the Office of Human Resources ten business days prior to the start of the term and in the Office of Student Financial Aid five business days prior to the start of the term.

NOTE: To receive benefits under the Employee Scholarship Program, courses taken must (1) be part of your degree plan or (2) maintain or improve your skills as an SFA employee.

I. EMPLOYEE INFORMATION

Employee Name: _____

SFA ID Number: _____ Department: _____

Work Phone Number: (____) _____ - _____ Home Phone Number: (____) _____ - _____

SFA Email Address: _____

Degree plan in which I am enrolled: Undergraduate Graduate Not degree seeking

What degree are you seeking? _____

Term: Year _____ Fall Spring Maymester Summer I Summer II

Are you in good academic standing? Yes No

Are you on disciplinary probation or suspension, either academically or as an employee? Yes No

Do you owe any prior balance to SFA? Yes No

Will taking these courses result in you having attempted 150 or more undergraduate hours at SFA? Yes No

Are you taking any of the courses for the third or more time (i.e., 3-Peat)? Yes No

II. COURSE INFORMATION

Course Number (e.g., ENG 100)	Course Name	Class Day/Time	Credit Hours	On Your Degree Plan? (Y/N)	Maintains/Improves Your Skills for SFA Job? (Y/N)*

*If course is not on your degree plan, attach a statement detailing how it maintains or improves your skills as an SFA employee.

III. SUPERVISORY APPROVAL

Approval of Program benefits does not constitute approval to be absent from assigned duties during normal working hours. See SFA Board Policy 12.4, *Employee Enrolling for Courses*.

Supervisor's Signature: _____ Date: _____

IV. EMPLOYEE CERTIFICATION

I certify that I have read and agree to the terms and conditions set forth in SFA Board Policy 12.5 and the SFA Employee Scholarship Program, which are hereby incorporated by reference. I further certify that I am eligible to participate in the Program, and will comply with the provisions of the Program.

I understand that I am responsible to repay all costs that exceed the maximum allowable benefit of the Program. If it is determined that tuition and fees paid under this Program exceed the limits of the Program, the University will bill me for any excess tuition and fee costs that have been paid. Benefits will be removed from withdrawn or dropped courses and any amounts due for these courses shall be my responsibility. SFA may use any and all legal means necessary to collect the full sum owed to the University. I agree to reimburse SFA for any and all expenses incurred by SFA including but not limited to the actual amount owed, attorney fees and expenses, court costs, and interest at the highest rate allowed by law and in accordance with University policy and procedure. If my account is turned over to a collection agency, I agree to reimburse the University for any fees, costs, or expenses charged by a collection agency, including but not limited to any collection fee up to the maximum percentage allowed by Texas Government Code Section 2107.003 and reasonable attorney's fees. I understand and agree that SFA will withhold my official transcript and diploma until my debt has been paid in full. I also understand and agree that SFA may block future registration and/or impose such other collection measures in accordance with University policy and procedure.

I authorize the Registrar's Office to release my grades for internal use in verifying my eligibility for benefits under the Program.

I certify that the information I have provided is true.

Employee's Signature: _____ Date: _____

Confirmation of Eligibility - For Office Use Only

Office of Human Resources:

Hire Date: _____ % FTE: _____ Participate in Retirement: _____

Date: _____

Human Resources Officer

Office of Student Financial Aid:

Amount awarded YTD: \$ _____

Date: _____

Financial Aid Officer

With few exceptions, you are entitled on your request to be informed about the information Stephen F. Austin State University (the "University") collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the University correct information about you that is held by us and that is incorrect. The information that the University collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.