

**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 25.

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