Employee Scholarship Program
Application for Dependents (Spouse/Child) of Eligible Employees

Application deadline is five business days prior to the start of the semester or summer term.

Is this application for an eligible spouse/child? If yes, complete the following: (If this application is for self, complete the Employee Scholarship Program application for Employees.)

Semester (circle one) Fall Spring Summer I Summer II Year_____

Employee Name:_____ Employee ID # _____

Job Title:_____ Department:_____

Phone #:_____ SFA E-mail address: _____

Spouse/Child Name:_____ Student ID #:_____

Relationship to Employee: _____

Phone #:_____ E-mail address: _____

*Courses shall be defined as any regular SFASU course for which academic credit is awarded upon successful completion of the course. **Scholarships for graduate courses and some undergraduate courses for spouses and dependents may constitute taxable income. Employees, spouses and dependents should consult a tax advisor.**

To be considered for the plan, I: (check all that applies)

- have met all requirements for admission in good standing to the University ☐ yes ☐ no
- am in good academic standing ☐ yes ☐ no
- have no prior balance due to the University ☐ yes ☐ no

I hereby certify I have read the eligibility requirements provided in the Employee Scholarship Program and am eligible to participate in the Program. I understand the benefits provided by the University under this Program are subject to certain criteria. Should I withdraw, I will be obligated to repay the scholarship provided under this Program. Should I owe a balance, I authorize the University to assign any delinquent amounts to a collection agency and agree to pay all attorney fees and other reasonable collection costs and charges necessary for the collection of any amount not paid. I agree that the Registrar's Office may release my grades for internal use in verifying my eligibility for the Plan.

_____ _____
Plan Participant (Signature) Date

For Office Use Only:

Human Resources Office:

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

_____ _____
Human Resources Date

Financial Assistance Office: amount awarded YTD _____

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.

Disclosure of your Social Security Number ("SSN") is requested for the student records system of the University and for compliance with Federal and State reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by law. The privacy and confidentiality of student records is protected by law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law.