

STAFF TUITION SCHOLARSHIP PROGRAM HOCKING COLLEGE

Registrant Information:

Academic Semester and Year being applied for: _____

Current employees and their spouse, children and grandchildren* must complete a scholarship request form each semester. Any form received after the semester is over will not be applied.

Name (Print): _____ Student ID: _____

Relationship to Employee/Retiree: Self Spouse Child Grandchild*

*Grandchildren eligible up to age 23. If grandchild, please indicate date of birth: _____

Employee Information:

Name: _____ Employee ID: _____

Department: _____ Position: _____

Employment Status: Full-time Retiree

Please note: Full-time, regular employees are eligible for Staff Tuition Scholarship Program after one (1) year of employment. Temporary, part-time and student employees are not eligible.

Information regarding the Education Benefits Program:

All course fees (with the exception of program fees), fines and penalties are the responsibility of the registrant. Participants will also be required to pay all other student processing fees charged by the College. Each participant, other than the employee, will be assessed a service fee of \$10.00 per semester. The Tuition Scholarship Program is for Hocking College credit classes only. The Tuition Scholarship Program is only available for one (1) completed degree per registrant. Courses that require tuition payment to institutions other than Hocking College are not eligible for the scholarship (Example: COTC, Tri-County, etc). This program does not cover continuing education courses.

The employee/registrant's signature verifies that the individual indicated is qualified employee or spouse/child/grandchild and is eligible for the Staff Tuition Scholarship Program. The employee/registrant understands that they will be responsible for all fees not covered under the scholarship program and will repay the College for tuition costs should misrepresentation occur. The employee/registrant's signatures also verify the understanding that if the employment agreement is terminated for any reason, the tuition scholarship benefit will be discontinued.

I understand the terms of this Staff Tuition Scholarship Program and certify that the above information is correct.

Registrant Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

This Section to be completed by Human Resources

This is to verify that the employee/registrant identified above is eligible for the Staff Tuition Scholarship Program.

Human Resources Representative Signature

Date Entered into Scholarship Database