# TEXAS A&M UNIVERSITY-CENTRAL TEXAS
## Employee Scholarship Application

Employee Name:_____ SSN or ID#: _____

Department:_____ Phone: _____

Employee Scholarships are available for enrollment in three or more semester credit hours at $300 for each semester

**NOTE: An application must be submitted each semester to the Scholarship Office.**

**Eligibility:**

- Full-time Employee of A&M-Central Texas.
- Must meet minimum admissions requirements.
- Must maintain an overall or TAMUCT GPA of 2.5 (UG).
- Must maintain an overall or TAMUCT GPA of 3.0 (Grad).
- Be a student in good standing with the University.
- Must take academic courses leading to a degree or certificate.
- Must attach copy of degree plan.

| Semester of Request: | | Due |
|---|---|---|
| Fall | ____ | **8/1** |
| Spring | ____ | **12/1** |
| Summer | ____ | **5/1** |

*As an employee of Texas A&M University-Central Texas and having fulfilled the eligibility requirements described above, I am requesting permission to enroll in the following classes (List Below):*

| **Course Prefix and Number:** | **Day(s) of Week:** | **Times:** |
|---|---|---|
| | | |

**If classes occur during regular office hours, the time missed to attend class will be made up by:**

_____
Employee Signature Date

_____
Immediate Supervisor Date

**APPROVED:**

_____
Provost/VP Date

_____
Executive Director of Enrollment Mgmt Date

Copy to: Human Resources

SCHOL 8/25/09