

**2018-2019 STAFF TUITION SCHOLARSHIP PROGRAM
HOCKING COLLEGE**

Registrant Information:

Semester(s) of Enrollment: ☐ Summer 2018 ☐ Autumn 2018 ☐ Spring 2019

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

Name: (Print)_____ Student ID#:_____

Relationship to Employee/Retiree: ☐ Employee / Retiree ☐ 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: ☐ Permanent ☐ 50% or higher Semester Contract ☐ Retiree

Please Note: Fulltime, regular employees at 50% or above are eligible for Staff Tuition Scholarship Program. Adjunct Faculty employees at 50% or above are eligible after two (2) consecutive semester contracts if it appears that the contract will be continued. Temporary, part-time and student employees are not eligible.

Information regarding the Educational 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 per semester. The Tuition Scholarship Program is for Hocking College credit classes only. ***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 a qualified employee or spouse/child/grandchild and is eligible for the Staff Tuition Scholarship Program. The employee/registrant understands that he/she 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 employee contract is not renewed, the tuition scholarship benefit is discontinued

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

Employee Signature_____ Date_____

Registrant's 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

March 2018