

2020-2021 STAFF TUITION SCHOLARSHIP PROGRAM HOCKING COLLEGE

**Registrant Information:**

Semester(s) of Enrollment: Summer 2020 Autumn 2020 Spring 2021

**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 2020