

Program of Study (if applicable):

Semester Start Date: _____ Total Credit Hours Requested: _____

Class: _____ Section: _____ # of Credit Hours: _____

Class: _____ Section: _____ # of Credit Hours: _____

Class: _____ Section: _____ # of Credit Hours: _____

Class: _____ Section: _____ # of Credit Hours: _____

Date Sponsorship Entered: _____ AR Signature: _____

The approved amount of your MID/Edustaff Tuition Grant Fund scholarship will be counted as a Financial Aid resource. If you are receiving other types of aid, please contact the Financial Aid Office.

HUMAN RESOURCES OFFICE USE ONLY

How many credits have been completed by the employee or family member under the tuition grant fund (maximum of 62 credit hours)? _____

Is the student's G.P.A. 2.0 or better: YES NO

Is the child an IRS dependent of the employee (under the age of 25)? YES NO

Is the dependent a spouse? YES NO

HR Comments:

Approved By: _____ Date: _____
Human Resources Name

Verification of course completion:

Did student withdraw from the course after the 100% refund date? YES NO

Did the student receive a 2.0 GPA or less in any course? YES NO