

# **CONCURRENT ENROLLMENT INSTRUCTOR AND FAMILY TUITION SCHOLARSHIP**

**Criteria for Eligibility:**

1. The employee must be assigned to Mid Michigan College.
2. The fund may be used for Concurrent Enrollment Instructors, their spouse and/or IRS dependent children.
3. The student (Concurrent Enrollment Instructor, spouse or IRS dependent) must declare a degree or certificate program, and obtain the written approval of an academic advisor for the degree program prior to enrollment each semester.
4. Only courses required for the student's program of study will qualify for the tuition grant, up to a maximum number of 62 credit hours.
5. A 2.0 grade point average must be maintained to qualify for the grant program.
6. Failure to complete the course with a 2.0 GPA or higher, NOT completing the course, dropping the course beyond the full refund date, or Concurrent Enrollment Instructors separates from instruction with Mid during the concurrent semester, will result in a reimbursement bill to the Concurrent Enrollment Instructor equal to the awarded amount for that semester. Non-payment of the reimbursement bill by the following semester de-registration date could result in the student being de-registered for the following semester.

I understand and agree to abide by all requirements for participation in the Concurrent Enrollment Instructor Tuition Scholarship program.

***Student Name:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Employee Name:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**To be completed by Concurrent Enrollment Instructor:**

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ School: \_\_\_\_\_

Email Address: \_\_\_\_\_

Scheduled Work Hours or Contact Hours Assigned for this semester: \_\_\_\_\_

**To be completed by the Student:**

Student Name: \_\_\_\_\_ MID Student ID#: \_\_\_\_\_

Program of Study: (Please attach a copy of your Program Guide):  
\_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Total Credit Hours Requested: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

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Class: \_\_\_\_\_ Section: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

*Approved By:* \_\_\_\_\_

*Academic Advisor Name*

*Date*

**Date Sponsorship entered:** \_\_\_\_\_ **AR Signature:** \_\_\_\_\_

*The approved amount of your Concurrent Instructor Tuition 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 family member under the family tuition grant (maximum of 62 credit hours or completion of an Associate Degree)? \_\_\_\_\_

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

HR Comments:

*Approved By:* \_\_\_\_\_

*Human Resources Name & Date*