



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