

2010-2011 Employee Tuition Assistance Application



Complete and return this form to:

Office of Student Financial Assistance 785-532-6420
104 Fairchild Hall FAX: 785-532-7628
Manhattan, KS 66506-1104 877-817-2287 (toll free)
finaid@k-state.edu www.k-state.edu/sfa

Last name First Name Middle Initial Wildcat ID (9 digits begins with 8)

Department Name Department Address eID

Instructions

- Submit a completed application for each term you wish to be considered for Employee Tuition Assistance. Applications will be accepted when enrollment begins for the term. Application deadline is the end of the term.
- Specify the number of credit hours you plan to enroll for each term.
- If all eligibility criteria are met, the award will be viewable in iSIS under Financial Aid and will be disbursed at the beginning of the term.

Program Information

- An employee qualified to apply must be in a full-time, benefits eligible position.
- Employees are eligible for Tuition Assistance; an employee's spouse or dependent may apply for the Dependent/Spouse Grant
- Award amount is for tuition only in a K-State course (including DCE) for up to 3 credit hours per term.
- The maximum award amount will not exceed the value of 3 hours at the in-state Manhattan/Salina tuition rate (ie. campus fees, other institutional fees, etc. are the responsibility of the employee).
- If tuition is waived or sponsored by another entity, the amount of this benefit will equal the amount of your personal responsibility, up to the amount for 3 hours of tuition.
- Work Release is not a part of the program; time away from work is up to agreements made with the supervisor or department head

Complete program information can be found at www.k-state.edu/hr/benefits/tuition.htm.

I request to be considered for:

- Fall 2010
- Spring 2011 (including January intersession)
- Summer 2011 (including May or August intersession)

I plan to enroll in:

____ hours Fall 2010
____ hours Spring 2011
____ hours Summer 2011

By signing below, I attest that I am a Kansas State University employee in a full-time, benefits eligible position and will remain employed throughout the term indicated above.

Employee Signature

Date

Department Certification

By signing below, I certify that the above listed K-State employee is currently employed with Kansas State University in a full-time (0.9 or above), **benefits** eligible position and is expected to remain employed throughout the term indicated above.

Printed Department Head Name

Department Head Signature

Date