

2025-2026 Employee Tuition Assistance Application

Submit securely online: ksu.edu/sfa/upload Employee's Name (Last, First, MI)		Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive North Manhattan, Kansas 66506-0107 Employee ID or Wildcat ID	
I request assistance for the following semester(s):	Iplanto enroll in(# of):		Career level (sel. one):
□Fall 2025	credit hours for Fall 2	025	\Box Undergraduate
\square Spring 2026 (incl. January intersession)	credit hours for Spring 2026		□Graduate
□Summer 2026 (incl. May or August intersession)	credit hours for Summer 2026		☐Veterinary Medicine
EligibilityRequirements			·
 Only Kansas State University employees are eligible for Applicants must meet all eligibility requirements for the An employee's dependent or spouse may apply for the Information for this program can be found at ksu.edu 	he entirety of the semester for ne K-State Dependent/Spouse	which ETA i	s sought.
Award Details			
 The award is exclusively for courses taken through K- through and/or billed by a third party. (note: if never having been enrolled/adn 	·		
 The maximum award amount will not exceed the value semester. Tuition rates can be found at ksu.edu/finst ETA covers tuition only. Any fees associated with a kees, etc. are the responsibility of the employee. If any part of the tuition costs are waived or sponsore amount of remaining tuition, up to 3 credit hours (now Work release is not a part of the program and time awemployee's supervisor or department head. 	vcs/cashiers/costs c-State course, e.g. campus fee d by another entity, the amou t including any fees, etc.).	s, online cou	rse fees, other institutional will reflect and equal the
Application Details			
 Additional details can be found at ksu.edu/hr/curren Applications will have to be turned in prior to the sem Once the ETA award has been applied, it will be viewa (KSIS Links > Student Center > Finances > View Finances 	nester for which ETA is request able in the employee's Studen	ed.	SIS.
By signing below, I confirm that I am a Kansas State Unive			· ·
and will remain employed throughout the semester(s) ind above.	iicated above. I also acknowled	uge that i ha	ve read the terms outlined
Signature of Kansas State University Employee (required)			Date

Department Certification

By signing below, I certify that the above listed individual 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 semester(s) indicated above.