2023-2024 Employee Tuition Assistance Application

	Submit securely online: ksu.edu/sfa/upload		Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive North Manhattan, Kansas 66506-0107	
Employee's Name (Last, First, MI)			Employee ID or Wildcat ID	
Department Name Department Address			Employee's K-State Email Address	
I request assistance for the follow	wing semester(s):	Iplanto enroll in(# of):		Career level (sel. one):
□ Fall 2023		credit hours for Fall 2023		□Undergraduate
☐ Spring 2024 (incl. January intersession)		credit hours for Spring 2024		□Graduate
□ Summer 2024 (incl. May or August intersession)		credit hours for Summer 2024		☐ Veterinary Medicine
Eligibility Requirements				= vecennary medicine
 Only Kansas State University e Applicants must meet all eligil An employee's dependent or solution for this program of 	bility requirements for spouse may apply for t	the entirety of the semeste he K-State Dependent/Spo	r for which ETA i	is sought.
Award Details				
 The award is exclusively for co through and/or billed by a thin (note: if never ha 	rd party.	K-State and billed by K-State mitted prior please ensure		
 The maximum award amount semester. Tuition rates can be ETA covers tuition only. Any fees, etc. are the responsibility If any part of the tuition costs amount of remaining tuition, of the work release is not a part of the employee's supervisor or depart 	will not exceed the val e found at ksu.edu/fins fees associated with a of the employee. are waived or sponsore up to 3 credit hours (no ne program and time an	lue of 3 credit hours at the <u>svcs/cashiers/costs</u> K-State course, e.g. campus ed by another entity, the an ot including any fees, etc.).	in-state, on-ca fees, online counount of the ETA	urse fees, other institutional A will reflect and equal the
Application Details				
 Additional details can be foun Applications will have to be tu Once the ETA award has been (KSIS Links > Student Center > 	irned in prior to the sei applied, it will be view	mester for which ETA is requal Nable in the employee's Stud	uested.	<u>SIS</u> .
By signing below, I confirm that I a	ım a Kansas State Unive	ersity employee in a full-tin	ne (0.9 or above	e), benefits eligible position
and will remain employed through				- ·
above.			-	
Signature of Kansas State University Emplo	wee (required)			Date

Department Certification

Digital signatures are not accepted.

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.