

2024-2025 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	
partment Name Department Address		dress	Employee's K-State Email Address	
I request assistance for the follo	wing semester(s):	Iplanto enroll in(# of)	:	Career level (sel. one):
□ Fall 2024		credit hours for Fall 2024		\Box Undergraduate
☐ Spring 2025 (incl. January intersession)		credit hours for Spring 2025		\square Graduate
\square Summer 2025 (incl. May or August intersession)		credit hours for Summer 2025		☐ Veterinary Medicine
Eligibility Requirements				
 Only Kansas State University 6 Applicants must meet all eligi An employee's dependent or Information for this program 6 	bility requirements for spouse may apply for t	the entirety of the semeste the K-State Dependent/Spo	er for which ETA	is sought.
Award Details				
 The award is exclusively for c through and/or billed by a thi (note: if never ha 	rd party.	K-State and billed by K-Stat 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, Work release is not a part of the employee's supervisor or dep 	e found at ksu.edu/fing fees associated with a y of the employee. are waived or sponsor up to 3 credit hours (no ne program and time a	svcs/cashiers/costs K-State course, e.g. campu ed by another entity, the all ot including any fees, etc.).	s fees, online cou	urse fees, other institutional A will reflect and equal the
Application Details				
 Additional details can be four Applications will have to be to Once the ETA award has been (KSIS Links > Student Center > 	urned in prior to the se applied, it will be view	mester for which ETA is rec vable in the employee's Stu	juested.	<u>SIS</u> .
By signing below, I confirm that I a	am a Kansas State Univ	ersity employee in a full-ti i	me (0.9 or above	e), benefits eligible position
and will remain employed through				
above.				
Signature of Kansas State University Emplo	ovee (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.