

Florida State University

Employee Dependent Scholarship – Application

This scholarship will be awarded to full-time Florida State University students (as of the 2015 fall term) who are dependents of current, full-time, salaried Florida State University employees*. Scholarship recipients will be chosen at random from a pool of qualified applicants. Awards will be made on an annual basis from available funds.

For 2015, three (3) awards of \$500 each will be given. It is our intent to award these funds immediately prior to the start of the fall 2015 academic term.

*If you are a student who is also employed at FSU and is currently using the FSU Employee Tuition Waiver, you are not eligible to receive this award.

Return completed application to:
FSU Office of Human Resources
Attn: Linda Lieblong – Campus Mail Code 2410
Email: llieblong@fsu.edu Fax: 850-645-9509

*Completed application must be received in Human Resources by 5:00 p.m. Eastern Time on **July 31, 2015**. The announcement of the awards will be made by **August 10, 2015**.*

TO BE COMPLETED BY THE STUDENT:

PERSONAL INFORMATION

Name: _____
(First Name/Middle Initial/Last Name)

Permanent Address: _____
(Street Address/City/State/Zip)

Local/Campus Address: _____
(Street Address/City/State/Zip)

Telephone: _____ Email: _____ Student ID (EMPLID): _____

EDUCATIONAL BACKGROUND

Last year completed: *High School* 9 10 11 12 *College* Freshman Sophomore Junior Senior Other (Graduate)

High School: _____

Dates Attended (Month/Year): _____ *Graduated?:* Yes No

Junior/Community College: _____

Dates Attended (Month/Year): _____ *Graduated?:* Yes No

College/University: _____

Dates Attended (Month/Year): _____ *Graduated?:* Yes No

CURRENT STATUS

Presently Enrolled?: Yes No Accepted for Admission/Admitted (Date): _____

Have you applied for financial aid at Florida State University?: Yes No

*By signature/digital signature, I certify that I am enrolled as a full-time student at Florida State University for the **Fall** term of **2015**. I understand that failure to provide, or intent to falsify information on this form will invalidate the application.*

Student Signature: _____ Date: _____

TO BE COMPLETED BY THE FSU EMPLOYEE:

PERSONAL INFORMATION

Name: _____
(First Name/Middle Initial/Last Name)

Address: _____
(Street Address/City/State/Zip)

Employing College/Unit/Department: _____

Employed Full-Time (40 or more hours/week)?: Yes No Campus Mail Code: _____

Campus Telephone: _____ Email: _____

By signature/digital signature, I certify that I am a full-time, salaried employee of Florida State University. I understand that failure to provide, or intent to falsify information on this form will invalidate the application.

Employee Signature: _____ Date: _____