



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: 850-644-6034
 Fax: 850-645-4670

Florida State University Employee Dependent Scholarship – Application

As part of a one-year pilot program, Florida State University is providing dependent children of full-time employees (faculty and staff) with the opportunity of tuition assistance for an undergraduate education at FSU by way of a scholarship.

For the 2018-2019 academic year, scholarship recipients will be chosen at random from a pool of qualified applicants. For each dependent child selected, the University will provide \$630.42 per semester towards the cost of tuition for fall and spring, pending continued eligibility in the program. Prior to completing this application, please carefully review the information regarding eligibility and the application process outlined [here](#).

Return completed application to:
 FSU Office of Human Resources
 Email: dependent-scholarship@fsu.edu
 Fax: 850-645-4670
 MC: 2140

*Completed applications must be received in Human Resources by 5:00 p.m. Eastern Time on Friday, **August 3, 2018.**
 The announcement of the contingent awards will be made by Friday, **August 17, 2018.***

***Note:** Applications must be submitted with the following supporting documentation or will be considered incomplete. Copies of originals can be accepted. Personal information will be kept confidential to the fullest extent allowed by law.

- a. Dependent eligibility: The documents required to verify each type of employee/dependent relationship are outlined below.
 - i. Biological child – Government-issued birth certificate identifying the employee as the student’s parent.
 - ii. Adopted child – Finalized adoption records or an adoption placement agreement.
 - iii. Step child – Proof of marriage, **AND** records showing that the dependent is the employee’s spouse’s biological or adopted child.
 - iv. Ward – Records showing legal guardianship or court-ordered custody.

Proof of legal guardianship and/or dependency can also be provided with:

- v. The first page of the employee's most recent federal tax return for dependent children over age 25; or
 - vi. Immigration documents, if applicable.
- b. If applicable, an official notification from the student’s academic dean that the undergraduate dependent’s petition for an exception to the 15-hour course requirement has been approved.

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 EMPLID: _____



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CURRENT STATUS

Currently Enrolled for Fall 2018? 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, or will be enrolled, as a degree-seeking undergraduate student at Florida State University for the **Fall semester of 2018 and the Spring semester of 2019**. Eligibility for this scholarship requires that I enroll in at least 15-hours in the semester for which it will be awarded. Furthermore, I understand this may be combined with any other financial aid, waivers, or scholarship and will be consider part of my financial aid package for the semester. I understand that failure to provide, or intent to falsify, information on this form will invalidate the application and render me ineligible for the scholarship for this academic year.*

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: _____

Employment Classification: Faculty Staff EMPLID: _____

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 and render my dependent ineligible for the scholarship for this academic year.

Employee Signature: _____ Date: _____