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

In year two of the Tuition Scholarship Program for Dependents, Florida State University is providing dependent children of full-time faculty* and staff with a scholarship opportunity to obtain tuition assistance for an undergraduate education at FSU.

* NOTE: Please be aware that eligibility for dependent children of qualified faculty will be subject to collective bargaining with the University and the United Faculty of Florida. At this time, the University is accepting applications for dependent children of qualified faculty but has not yet reached agreement with the UFF; therefore, awards for these applications is pending the outcome of negotiations.

For the 2019-2020 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
https://hr.fsu.edu/?page=benefits/benefits_perks/benefits_perks_dependent_scholarship

Return completed application to:
FSU Office of Human Resources
Email: dependent-scholarship@fsu.edu
Fax: 850-645-4670
MC: 2410

*Completed applications must be received in Human Resources by 5:00 p.m. Eastern Time on Thursday, **August 8, 2019.***
*The announcement of the contingent awards will be made by Friday, **August 23, 2019**.*

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*)

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Permanent Address: _____

(Street Address/City/State/Zip)

Local/Campus Address: _____

(Street Address/City/State/Zip)

Telephone: _____   Email: _____   Student EMPLID: _____

CURRENT STATUS

Currently Enrolled for Fall 2019? ❑ 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 2019 and the Spring semester of 2020**. 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: _____