

# Florida State University

## Employee Dependent and Spouses Scholarship – Application

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

For the 2021-2022 academic year, the University will choose at random from a pool of eligible applicants, dependent children or spouses of qualifying University faculty or staff to participate in the program providing up to \$75,000 in total tuition scholarship benefits. Additional tuition scholarship benefits will not be distributed in excess of the specified limit, regardless of a dependent child or spouse's eligibility. At the time of application, faculty seeking more than one scholarship should indicate whether the first dependent/spouse is pursuing undergraduate or graduate hours. Additional scholarships will be allocated if the pool has not been depleted. If the pool is depleted, there will be no additional scholarships beyond one per faculty member. For each dependent child or spouse selected, the University will provide \$630.42 per semester towards the cost of undergraduate tuition or \$2,421.06 per semester towards the cost of graduate tuition for fall and spring of the 2021-2022 academic year. Only one dependent or spouse per family will be eligible for the academic year. Before completing this application, please carefully review the information regarding eligibility and the application process outlined on the [Dependent Scholarship website](#).

Return completed application to:

FSU Office of Human Resources

Attn: Campus Mail Code 2410

Email: [dependent-scholarship@fsu.edu](mailto:dependent-scholarship@fsu.edu)

*Completed application must be received in Human Resources by 5:00 p.m. Eastern Time on August 11, 2021.*

*The announcement of the awards will be made by August 20, 2021.*

**\*Note:** Applications must be submitted with the following supporting documentation or will otherwise be considered incomplete.

- a. Proof of legal guardianship and/or dependency
  - i. A copy of the employee's most recent federal tax return; or
  - ii. A copy of the employee's Immigration documents
- b. If applicable, an official notification from the student's academic dean that the undergraduate or graduate's dependent or spouse's petition for an exception to the 15-hour (for undergraduate) or 9-hour (for graduate) 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 ID (FSUSN): \_\_\_\_\_

#### CURRENT STATUS

Presently Enrolled:  Yes  No Accepted for Admission/Admitted (Date): \_\_\_\_\_

Application is for: Undergraduate Hours  Graduate Hours

If yes, are you a Graduate Assistant?  Yes  No

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 student at Florida State University for the **Fall term of 2021**. Eligibility for this scholarship requires that I enroll in at least 15 hours (for undergraduate) or 9 hours (for graduate) in the semester for which it will be awarded. Furthermore, I understand this may be combined with any other financial aid, waivers, or scholarships and will be considered part of my financial aid package for the term. 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: \_\_\_\_\_

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**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

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: \_\_\_\_\_