

Florida State University

Employee Dependent and Spouses Scholarship – Application

In year three (3) of the pilot program, Florida State University is providing dependent children or spouses of full-time salaried employees (Faculty and Staff), with the opportunity of tuition assistance for an undergraduate or graduate education at FSU.

For the 2020-2021 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, and will provide up to \$60,000 in total tuition scholarship benefits for the program. 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 and staff 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 employee. 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 2020-2021 academic year. Prior to completing this application, please carefully review the information regarding eligibility and the application process outlined [here](#) on the Office of Human Resources website.

Return completed application to:
FSU Office of Human Resources
Email: dependent-scholarship@fsu.edu

*Human Resources must receive completed applications by 5:00 p.m. Eastern Time on **August 7, 2020.**
The announcement of the awards will be made by **August 21, 2020.***

***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. A copy of the employee's valid marriage certificate
- c. 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): _____

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** term of **2020**. 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 financial aid, waivers or scholarships and will be consider 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: _____

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: _____

Application is for: Undergraduate Hours Graduate Hours

Are you applying for more than one dependent or spouse? Yes No

If yes, please indicate which family member you would like to receive the scholarship if only one is able to receive:

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

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 or spouse ineligible for the scholarship for this academic year.

Employee Signature: _____ Date: _____