

# Florida State University

## Employee Dependent and Spouses Scholarship – Application

As part of an employee benefits program, Florida State University provides an opportunity for full-time employees (faculty and staff) to apply for a scholarship for their dependent or spouse to be used towards the cost of tuition for an undergraduate or graduate education at FSU. The University will choose at random from a pool of eligible recipients and will award limited scholarships not to exceed a total of \$75,000 scholarship benefits for the program. 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 academic year. **NOTE: In accordance with IRS regulations and University policies, employees whose spouse or dependent receive the scholarship for graduate tuition will be responsible for the applicable payroll taxes, which will be deducted from the employee's paycheck during the term that the student receives the scholarship.**

As the pool is limited, not all applicants will be selected. At the time of application, faculty or staff seeking more than one scholarship should indicate whether the first dependent/spouse is pursuing undergraduate or graduate hours and the applicant that should get priority. Scholarships for multiple dependents or spouses will only be provided if the pool has not been depleted. If the pool is depleted, there will be no additional scholarships beyond one per faculty or staff member. Prior to completing this application, please carefully review the information regarding eligibility and the [application process](#) on the Office of Human Resources website. For the 2022-2023 academic year, the deadline to apply is August 10, 2022. Announcement of the awards will be made by August 19, 2022.

Return completed application to:  
FSU Office of Human Resources  
Attn: Faculty Relations-Campus Mail Code 2410  
Email: [dependent-scholarship@fsu.edu](mailto:dependent-scholarship@fsu.edu)

### Required documentation to be submitted with the application:

- 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 FSU EMPLOYEE:

#### EMPLOYEE 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, and I have read the eligibility criteria and requirements on the HR website. I verify that I understand I will be responsible for applicable income taxes if my dependent or spouse receives this scholarship for graduate tuition and those taxes will be deducted from my paycheck. 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: \_\_\_\_\_

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**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

*Note: Graduate Assistants are not eligible to receive the scholarship.*

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 **2022**. 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 scholarship 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: \_\_\_\_\_

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