

GROWTH THROUGH LIFE

STAFF DEVELOPMENT PROGRAM

Quarter (Check One) Fall _____ Winter _____ Spring _____ Summer _____

EMPLOYEE

Name: _____ Social Security # _____

Job Title: _____ Department: _____

I am applying for a Staff Tuition Grant for the above-noted quarter and make the following representations:

1. I am a full-time employee of Life University as of the date of this application.
2. I understand that I must maintain a 3.0 cumulative average.
3. I understand that this tuition grant is a benefit of my full-time employment (*after 90 day probationary period*) at Life University and that any change in employment or student status during the quarter will require a re-evaluation of the grant.
4. I understand that if my employment ends, my right to continue under this grant also ends.
5. *I understand that I may enroll for no more than two classes each quarter, and that the class hour may not conflict with my required work hours. One class may be taken in lieu of my lunch hour each week and one course may be taken before or after my regular work hours.*
6. I understand that approval from my supervisor is required each quarter before I enroll.
7. I understand that this grant covers tuition and fees, with exception of the parking fee.
8. I understand that I must complete this application and submit current transcripts each and every quarter I enroll in classes.

Employee must check the following:

_____ Pursuing Degree (Must make application to Life University Admissions Department)

_____ Courses being taken for personal/professional development

Employee Signature: _____ **Date:** _____

To be completed by Supervisor:

This employee has permission to enroll in the following courses for the quarter noted above.

Course Title: _____ Course No. _____ Time & Day: _____

Course Title: _____ Course No. _____ Time & Day: _____

I will notify the Office of the College of Arts & Sciences if a conflict arises so the applicant can be disenrolled.

Supervisor Signature: _____ Date: _____

Title: _____

DEPENDENT TUITION ASSISTANCE (EMPLOYEE LEVEL)

Dependent Name: _____ **SS#:** _____

I am applying for a Staff Tuition Grant for the above-noted quarter for my dependent and make the following representations:

1. I understand that I must *be employed full time at least five (5) years at the beginning of an academic period for which the dependent benefit is requested.*
2. I understand that if my employment ends, my dependent's right to continue under this grant also ends.
3. I understand that my dependent child must be under 25 years of age when matriculating into the program.
4. I understand that this grant covers tuition and fees, with exception of the parking fee.
5. I understand that my dependent must complete this application and submit current transcripts each and every quarter of enrollment.

Dependent must check the following:

- Pursuing Degree (Must make application to Life University Admissions Department)
 Courses being taken for personal/professional development

I will notify the appropriate College if a conflict arises so that I can be dis-enrolled.

Employee Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

MANAGEMENT (DIRECTOR OR ABOVE LEVEL) APPLICATION

I am applying for a Tuition Grant for the above-noted quarter and make the following representations:

1. I am a full-time employee of Life University employed at least one year at the beginning of an academic period for which the benefit is requested.
2. I understand that I must maintain a 3.0 cumulative average.
3. I understand that this tuition grant is a benefit of my full-time employment (*after one (1) year*) at Life University and that any change in employment status during the quarter will require a re-evaluation of the grant.
4. I understand that if my employment ends, my right to continue under this grant also ends.
5. I understand that approval is required before I enroll.
6. I understand that this grant covers only tuition and fees.
7. I understand that I must complete this application and submit transcripts each and every quarter that I enroll in classes.
8. I understand that I must submit a bill for payment/reimbursement from the outside institution each quarter.

Employee must check the following:

- Pursuing DC or Graduate Degree at Life University
 Pursuing a Doctoral Degree or Graduate Degree outside of Life University

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Title: _____

DEPENDENT TUITION ASSISTANCE (DIRECTOR AND ABOVE LEVEL)

Dependent Name: _____ **SS#:** _____

I am applying for a Staff Tuition Grant for the above-noted quarter for my dependent and make the following representation:

1. I understand that I must *be employed at least one year at the beginning of an academic period for which the dependent benefit is requested.*
2. I understand that if my employment ends, my dependent's right to continue under this grant also ends.
3. I understand that my dependent child must be under 25 years of age when matriculating into the program.
4. I understand that this grant covers tuition and fees, with exception of the parking fee.
5. I understand that my dependent must complete this application and submit current transcripts each and every quarter of enrollment.

Dependent must check the following:

- ____ Pursuing Degree (Must make application to Life University Admissions Department)
____ Courses being taken for personal/professional development

I will notify the appropriate College if a conflict arises so that I can be dis-enrolled.

Employee Signature: _____ Date: _____

Dependent Signature: _____ Date: _____

To be completed by Department of Human Resources:

The above-named employee has been verified as a full-time employee and has met the employment requirements of the Tuition Grant Program. Hire Date: _____

Signature - Human Resource Representative: _____ Date: _____

In accordance with the policy of Life University, the above-named student is hereby granted a tuition grant for the _____ Quarter of _____.

Signature -Vice President of Finance: _____ Date: _____

Signature - Executive Vice President : _____ Date: _____

Signature – Appropriate Dean: _____ Date: _____
(Required for Life University Courses)

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Copy: Student Accounts