APPLICATION FOR EMPLOYEE & SPOUSE/DEPENDENT GRANT

Please read policy prior to completing form

Academic Year: _____ **Semester:** _____

Grant Request for (check one):

_____Faculty/Staff _____Spouse of full-time faculty/staff

_____Dependent Child of full-time faculty/staff (as defined by the IRS)

Employee Name: _____

Campus/Site: _____

Applicant (student) name: _____ ID #_____

Applicant's courses (include name and course #)

_____

_____

_____

_____

Employee's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

For Business Office/Financial Aid Use:

Student GPA_____ ***(minimum cumulative GPA of 2.0 is required for eligibility)***

Grant Amount _____ ***(spouses/dependents receive tuition & book credit only)***

Entered By _____ Verified By_____

Revised March 24, 2025