



Application for Employee Dependent Tuition Assistance Program

Employee's Name _____

Employee's Title _____

Name of Applicant _____

Applicant SMCC ID Number _____

Relationship to SMCC Employee _____

Semester Scholarship Requested Fall 20____ Spring 20____

Eligible applicants must meet the following requirements:

1. Must be a child or legal dependent of a current full-time SMCC employee.
2. Must be enrolled full-time (minimum 12 hours) during the Fall or Spring semester within 2 years of earning a high school diploma or GED.
3. Must maintain a 2.0 grade point average.

Eligible students may receive up to \$500 per semester for a maximum of four semesters. This award may be used to cover tuition, room/board (when applicable), and fees. This award is not available for summer term, dual enrollment, or dual credit programs. This benefit is not eligible to be refunded in the form of cash and will be reduced when actual college costs have been covered by other forms of financial aid.

By signing this application, I certify that all information provided by myself or any other person on this form is true to the best of my knowledge. I understand that this application does not guarantee assistance to the student who is requesting scholarship funds. I understand that no assistance will be awarded until the student has completed a FAFSA application and has submitted all required documentation to the Office of Financial Aid.

Employee Signature _____ Date _____