

SAM HOUSTON STATE UNIVERSITY
PRESIDENT'S EMPLOYEE SCHOLARSHIP

Instructions:

1. Applicants must have a minimum of one year full-time continuous employment at SHSU and have earned at least 3 semester hours at SHSU with a minimum 2.0 GPA.
2. Undergraduate students with a 2.5 GPA or greater will be given 1st priority.
3. Graduate students with a 3.5 GPA or greater will be given 2nd priority.
4. Employee's GPA, length of employment, and student classification level are primary consideration factors.
5. The approving Department Head should assure that employees involved in recent disciplinary actions are exhibiting positive work performance.
6. The scholarship application form must be submitted to the University Benefits Committee through the Human Resources Department. The deadline for making application is as follows:

Fall Semester – July 1st Spring Semester – November 1st Summer I & Summer II – May 1st

7. The application form must be approved by your Department Head.
8. After completion of the course, submit your paid tuition/fee receipt and your grade report of "C" or better within thirty (30) days after the semester ends to the Human Resources Department. Reimbursement will be processed according to procedures for Student Financial Aid Scholarship Disbursement request.

This form may be used for only one semester, for one course or one course with a lab; maximum of four (4) hours college credit per semester at SHSU. This scholarship could possibly affect other financial aid you may be receiving.

A. EMPLOYEE INFORMATION: Name: _____

Sam ID #: _____ - _____ Title: _____

Department: _____ Employment Date: ____/____/____ Phone: _____

B. CLASS INFORMATION: Semester: _____ Year: _____ Classification: _____

Undergraduate: Major or Degree _____ Graduate: Major _____

GPA _____ Hours Completed _____ GPA _____ Hours Completed _____

(Note: Graduate students should also complete undergraduate information.)

CID#	Course	Section	Classday	Time	Course Title	Hrs
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C. REGISTRATION EXPENSES REQUESTED (TUITION / FEES): \$ _____

D. BASIS FOR REQUEST: *Explain the merit(s) of the request, i.e., how is it beneficial to you and the University, and your plans after obtaining a degree. You should review Human Resources Policy B-5, Employee Development.*

E. EMPLOYEE CERTIFICATION: *I affirm that the information on this form is accurate and true; understand it is my responsibility to arrange and satisfy all admissions/registration requirements; agree to abide by all applicable state and university policies and rules; agree to notify my supervisor if I drop from class, and follow my work schedule as agreed upon.*

Employee Signature: _____ Date: ____/____/____

F. APPROVAL / SIGNATURE:

Department Head: _____ Yes ___ No ___ Date: ____/____/____

Benefits Committee Chair: _____ Yes ___ No ___ Date: ____/____/____

President: _____ Yes ___ No ___ Date: ____/____/____

HRD / 10-19-06