

SYSTEM OFFICES STAFF SCHOLARSHIP PROGRAM

(Admission to an institution of Higher Education must be completed and approved by the application deadline.)

Name:	UIN#:
Department:	Phone #:
E-Mail Address:	Semester: Fall Spring Year:
Please attach a copy of your enrollment ver application due date.	ification dated no more than 15 business days prior to the
Employee Signature	Date
 DEPARTMENTAL APPROVAL	
Employees are eligible to utilize up to three have any questions regarding arrangements systemofficesemployment@tamus.edu or at	
Arrangements for time off to attend classes accomplishments of duties or the work of th	are acceptable and class attendance will not interfere with the e department.
Supervisor Signature	Date
 Scholarship Committee Only:	
Date Received:	<u> </u>
Approved:	<u> </u>
Date Funded:	<u> </u>
Funding Amount:	