EMPLOYEE SCHOLARSHIP FORM
ELIGIBLE DEPENDENTS

Employee Name:_____ **SSN:**_____

Job Title: _____ **Department:**_____

Spouse:

Spouse Name: _____**Spouse SSN:** _____**Spouse DOB:** _____

Dependent Children:

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Other Eligible Dependents:

MUST PROVIDE HR WITH LEGAL DOCUMENTATION VERIFYING GUARDIANSHIP

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

Name: _____ **SSN:** _____ **DOB:** _____ **Relationship:** _____

I certify that the above dependents are legal dependents for income tax purposes and are therefore eligible to receive an employee tuition scholarship according to Section DEB of the Board Policy Manual. If at any time, any of the above dependents no longer qualify for the scholarship, I will contact the Human Resources department immediately for the file to be updated.

I certify that the facts set forth in this form are true and complete to the best of my knowledge. I understand that falsified statements shall be considered sufficient cause for disciplinary action up to and including termination. This information may be subject to verification of eligibility status.

_____ _____

Signature **Date**

***Email this completed form to Human Resources for processing: achumanresources@actx.edu**