



**ROGERS STATE UNIVERSITY**

**Rogers State University**

**Academic Tuition Assistance Program Application**

Please read the Policy for Employee Spouse and/or Dependent Tuition Waiver Program before completing this form. Also note that the student must have completed this form and a FAFSA to receive this award.

PLEASE NOTE: This form must be completed and submitted for each semester.

**Section 1 – Dependent Information**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

Enrollment Period      Fall \_\_\_\_      Spring \_\_\_\_      Summer \_\_\_\_

Dependent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section 2 – Employee Information**

Name of RSU Employee \_\_\_\_\_ Employee ID \_\_\_\_\_

Department \_\_\_\_\_ Date of Initial Employment \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section 3 – Employee Authorization**

I certify that the above named in Section 2 meets the criteria of a qualified employee per the Policy for Employee’s Spouse and/or Dependent Academic Tuition Assistance Program.

\_\_\_\_\_

Human Resources

\_\_\_\_\_

Date

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**Section 4 – Financial Aid Authorization**

I certify that this student meets all the criteria to receive the RSU’s Own Scholarship for the enrollment period listed above.

\_\_\_\_\_

Director of Financial Aid/Scholarship Coordinator

\_\_\_\_\_

Date