



# SYSTEM STAFF COUNCIL

## 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: \_\_\_\_\_

Will the class meet during regular working hours? Yes No

**Please attach a copy of the paid fee slip indicating your registration and payment in full for current semester courses.**

\_\_\_\_\_  
Employee's Signature Date

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**DEPARTMENTAL APPROVAL**

Arrangements to account for time off from regular workweek to attend classes.

- Will utilize vacation time
- Will utilize flex time
- Will take compensatory time
- Will take leave without pay
- Will utilize up to three hours of education release time via [System Regulation 31.99.01](#)

Arrangements for time off to attend classes are acceptable and class attendance will not interfere with the accomplishments of duties or the work of the department.

\_\_\_\_\_  
Department Reviewed and Approved Date

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*Scholarship Committee Only:*

*Date Received:* \_\_\_\_\_

*Approved:* \_\_\_\_\_

*Date Funded:* \_\_\_\_\_

*Funding Amount:* \_\_\_\_\_