

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 verificati application due date.	ion dated no more	than 15 busir	ess day	s prior to	the
Note: Please be aware that if the sum of all educational a exceeds \$5,250 in any calendar year, the overage we Federal Income Tax. TAMUS educational assistance Sandra Thompson 'Brass Ring' Endowed System Ad the Staff Council Scholarship. For questions please	vill be subject to be includes the Emp ministrative and G	oth FICA (Socia loyee Tuition A seneral Office E	l Securit ssistanc	y & Medic e, The Bar	care) and rry B. and
Employee Signature		Date			
DEPARTMENTAL APPROVAL					
Employees are eligible to utilize up to three hours of have any questions regarding arrangements for timesystemofficesemployment@tamus.edu or at (979).	ne off, please cont			ulation 31	<u>1.99.01</u> . If you
Arrangements for time off to attend classes are accomplishments of duties or the work of the department.	•	attendance w	ll not in	terfere wi	th the
Supervisor Signature		Dat	e		
Scholarship Committee Only:					
Date Received:					
Approved:					
Date Funded:					
Funding Amount:					