



EMPLOYEE / EMPLOYEE DEPENDENT SCHOLARSHIP APPLICATION

Only full-time employees are eligible.

(Non-credit courses are not cover by this scholarship. A form must be completed for each term of enrollment.)

Student's Name: _____ SS#: _____

Address: _____ PH#: _____

_____ PH#: _____

Relationship to EMCC Employee: _____

CHECK THE TERM AND CAMPUS LOCATION OF CLASSES:

Fall 2016 Spring 2017 Summer 2017

SC/NASM/Macon GT/LH/CAFB/WP

Student's Signature: _____ Date: _____

Course(s) Title: (Ex) Oral Communication _____

Class Days & Times: (Ex) T/Th 10:00 – 11:50 _____

*** If you are an EMCC employee and are enrolled in courses, you must have your supervisor sign below. ***

Signature of Immediate Supervisor: _____

Employee's Name: _____

Current Job Title: _____

Campus of Employment: _____

Employee's Signature: _____

WHO IS ELIGIBLE?

1. The employee
2. The employee's spouse
3. The employee's dependent children ***

*** Dependent children appearing on most recent employee tax return. Attach photocopy of page one of employee's most recent federal 1040A, 1040EZ, or 1040 tax return as verification of dependent(s). Only one tax return required for each academic year.) Block out all page one information related to income. Sign page one.

Office Use Only:

Approved Disapproved _____
Melissa Mosley Date