

# Sul Ross State University

## Employee Dependent Scholarship Application

Employees may complete this form starting 30 days before the first day of class to apply for an eligible dependent to participate in the Dependent Scholarship Program at Sul Ross State University.

Eligibility faculty and staff may apply if they are benefits-eligible, full-time, and have been employed continuously for 12 months. All University permanent staff and administrative employees working at least twenty hours per week for a period of at least four and one half months, as well as faculty members with current year contracts, are benefits-eligible employees.

**Application Deadlines:** Fall - 20<sup>th</sup> Class Day      Spring - 20<sup>th</sup> Class Day      Summer - 15<sup>th</sup> Class Day

Year \_\_\_\_\_ Term \_\_\_\_\_

### Section 1: Employee Information

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept.: \_\_\_\_\_ Division: \_\_\_\_\_

---

### Section 2: Dependent Information

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Student Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child Age: \_\_\_\_\_

### Acknowledgement:

By signing below, I confirm that the provided information is accurate. I have been a full-time benefits-eligible staff or faculty member at SRSU for twelve consecutive months. My dependent qualifies as a spouse or dependent per Internal Revenue Code definitions. I also confirm that if my dependent is a child, they will not turn 24 by the year's end and any transfer credits were submitted to the Registrar's Office. In the event the scholarship program incurs taxable benefits, I accept sole responsibility for any income tax liability.

\_\_\_\_\_  
Employee (Signature)

\_\_\_\_\_  
Date

---

### Section 3: Approval.

Answer questions below to verify dependent and employee meet requirement. Decline to sign if not eligible.

#### Human Resources:

Full-time Benefits eligible       Yes       No

One year continuous employment       Yes       No

Child under 24       Yes       No

\_\_\_\_\_  
Human Resources Office (Signature)

\_\_\_\_\_  
Date

#### Registrar Office:

Pursuing first undergraduate degree       Yes       No

Under 150 undergraduate credit hours attempted       Yes       No

Balance less than \$500       Yes       No

\_\_\_\_\_  
Registrar Office (Signature)

\_\_\_\_\_  
Date