

TENNESSEE TECHNOLOGICAL UNIVERSITY

Application for Staff Scholarship

Please submit to Human Resources 2 Weeks Prior to Registration

DATE _____

Soc Sec #: _____

Last Name First Name Middle Initial

Position Title

Department

Account Number

Institution Attending

Degree Program Enrolled For

Term Applied For

Number of Credit Hours

Course(s) Registering For

Day(s) and Time(s)

* If class is during normal working hours, show revised work schedule below.

Allow time to get to and from class. Total hours must equal 37.5.

<u>Day of Week</u>	<u>From</u>	<u>To</u>	<u>Total Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have received a staff scholarship previously, list most recent term and year.

Did you complete the class(s) with a passing grade? [] Yes [] No

Beginning Date of Regular Employment

% Employed

Applicant's Signature

Supervisor's Signature

Departmental Chair or Director

Academic Dean or Admin. Officer

Director, Human Resource Services

For office Use Only:

\$ _____ _____ _____ _____
Amount Date Approved Date Copies Dist. Charge Acct. No.

White Copy: Personnel Blue: Admissions Pink: Financial Aid Yellow: Employee