



WESTERN TEXAS COLLEGE
FACULTY/STAFF SCHOLARSHIP REQUEST

FROM: _____
Department

TO: Director Financial Aid

DATE: _____

Please list all Faculty or Staff members within your Division that will be enrolled at WTC for the 20_____ semester. The scholarship will cover tuition and fees for approved classes. This will not include lab and internet fees.

Table with 3 columns: NAME, SSN, *SIGNATURE and CLASS(ES), COMPUTER #, CLASS TIME. Includes horizontal lines for data entry.

CHECK REASON TAKING CLASS(ES)

FOR DEGREE _____ OR IMPROVED PROFICIENCY _____

Table with 3 columns: NAME, SSN, *SIGNATURE and CLASS(ES), COMPUTER #, CLASS TIME. Includes horizontal lines for data entry.

CHECK REASON TAKING CLASS(ES)

FOR DEGREE _____ OR IMPROVED PROFICIENCY _____

Signature of Division Chairperson

Approval of Administrative Council

Signature of Immediate Supervisor

*SPECIAL NOTE Your signature indicates you agree to the scholarship guidelines listed below.

Scholarship Guidelines – Tuition/fees for any class at WTC (in pursuit of an associate’s degree or to improve job proficiency) will be paid. Lab fees and Internet fees are the responsibility of the faculty or staff member. Any faculty or staff member not satisfactorily completing the course will be required to repay the scholarship amount. Lab fees and Internet fees must be paid at the time of class selection.

LIMIT – 4 SEMESTER HOURS