

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.

1. NAME	SSN	*SIGNATURE
_____	_____	_____
CLASS(ES)	COMPUTER #	CLASS TIME
_____	_____	_____
_____	_____	_____

CHECK REASON TAKING CLASS(ES)

FOR DEGREE \_\_\_\_\_ OR IMPROVED PROFICIENCY \_\_\_\_\_

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2. NAME	SSN	*SIGNATURE
_____	_____	_____
CLASS(ES)	COMPUTER #	CLASS TIME
_____	_____	_____
_____	_____	_____

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