



## Employee Dependent Scholarship Program

Eligible dependents of UNC Asheville employees may be eligible for a scholarship of up to \$200, which can be applied toward tuition and fees associated with courses taken at UNC Asheville during the fall and spring semesters. Eligible dependents include spouses and children/stepchildren under the age of 25 who are financially dependent upon the employee.

Prior to the beginning of the academic semesters, the Human Resources Office will send an announcement via campus e-mail outlining the application deadline information.

Special Course fees and fees for enrollment in correspondence courses, continuing education courses, or other instruction principally supported by receipts from enrollees are not covered under the program. It also does not apply to expenses such as travel, laboratory, books, materials, registration fees, athletic services or parking/safety fees.

### Eligibility Requirements:

1. Employee must be actively employed in a permanent, full-time (30 hours per week or more) position and a contributing member of the Teachers & State Employees Retirement System or the Optional Retirement Plan.
2. Employee must have been employed by UNC Asheville for at least six months prior to the start of the course.
3. Participation is limited to dependents who meet the requirements for admission to the University and who have been duly admitted by the Office of Admissions.

### Employee/Dependent Responsibilities in the Application Process:

1. Obtain the Employee Dependent Scholarship Application from the Human Resources website at: <http://www.unca.edu/hr/forms/tuitionwaiver/dependentwaiver.pdf>
2. Apply for and be accepted to the University by UNC Asheville's Office of Admissions and register for the course prior to the end of the Drop/Add period.
3. Return completed Application form, with the required applicant and employee signatures, to the UNC Asheville Human Resources Office. A Human Resources Representative will submit the form to the Admissions/Registrar's office for verification.
4. Approximately 2 weeks after the Drop/Add period, please check your Pipeline account online to ensure that your application has been processed. The amount allocated for your dependent's scholarship will be posted on the Pipeline account. If you have questions, please call the University Bursar at 251-6608.

Human Resources Department  
228 Phillips Hall, CPO# 1450  
University of North Carolina at Asheville  
Phone: (828) 251-6605  
Fax: (828) 251-6385  
Website: <http://www.unca.edu/hr>



## Employee Dependent Scholarship Application

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### Applicant Information

Applicant: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Banner ID #: \_\_\_\_\_ Credit hours expected to be taken: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Employee Information

Name of related employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position/Department: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Employee/Applicant Certification

*I certify I am currently registered for classes at UNC Asheville as indicated above and that I am an eligible dependent of the above referenced UNC Asheville employee. I further certify that should I fail to complete the above listed number of credit hours, I will repay UNC Asheville in full for any scholarships received for these courses.*

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_ *Date*

*I certify the above applicant is my eligible dependent and is currently registered for classes at UNC Asheville. I further certify that should they fail to complete the above listed number of credit hours, I will repay UNC Asheville in full for any scholarships received for these courses.*

\_\_\_\_\_  
*Signature of Employee* \_\_\_\_\_ *Date*

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**This section will be completed after form is submitted to Human Resources**

### Admissions/Registrar's Office Certification

The above named dependent is eligible to enroll in UNCA for \_\_\_\_\_ Semester \_\_\_\_\_ Year

\_\_\_\_\_  
*Admissions/Registrar's Office Representative Signature* \_\_\_\_\_ *Date*

### Human Resources Certification

Fee Scholarship Request: \_\_\_\_\_ Approved  \_\_\_\_\_ Disapproved

Date Notified: \_\_\_\_\_ Signature: \_\_\_\_\_