## SPOUSE/DEPENDENT APPLICATION FOR PANTHER EMPLOYEE SCHOLARSHIP/EXEMPTION PROGRAM APPLICATION

Spouse or dependents of eligible employees will receive an exemption to cover up to 6 hours of fees and a scholarship to cover up to 6 hours of designated tuition. The spouse or dependent of an eligible employee will be responsible for paying the statutory tuition, laboratory fees, and any additional tuition and fees in excess of 6 hours per semester. The scholarship/exemption will not pay more than 12 hours per academic year (Fall through Summer).

Applications must be submitted **EACH** semester to be considered for benefits.

INSTRUCTIONS: Complete Part I & II and submit to Human Resources in the Harrington Science Building Room: 109

PART I SPOUSE/ DEPENDENT INFORMATION			
Spouse/Dependent's Name:		Term applying for:	
Relationship to Employee:	Student ID #:		Phone:
Current Mailing Address:			
City:	State:		Zip Code:
Degree Sought:	Major:		Current Classification:
Spouse/Dependent's Signature:			Date:
PART II TO BE COMPLETED BY EMPLOYEE			
Are you a first time applicant? YES NO	NO Please list the date of atter		dance for the information session:
Employee's Name:		Employee's Email:	
UIN: SSN:	Employee's Phone:		
Current Mailing Address:			
City:	State:	Z	ip Code:
Department Employed:		Original Employment Date:	
Employee's Job Title:			
Employee's Supervisor:		Supervisor's Phone:	
Employee's Signature:		Date:	
PART III TO BE COMPLETED BY HUMAN RESOURCES			
I certify that the above employee IS or IS NOT currently employed at 100% effort at PVAMU for at least 4 months (120 consecutive days) at the time of this application.			
I certify that the above employee IS or IS	or IS NOT current on all state mandated trainings.		
I ceritfy that the above employee HAS or L	ve employee HAS or HAS NOT been employed more than 6 months.		
If yes to the above, I certify that the above employee DOES or DOES NOT have a satisfactory performance evaluation on file with the office of Human Resources.			
I certify that the above applicant IS or IS	S NOT a spouse/dependent of the employee listed in part II above.		
I certify that the above employee HAS or E	IAS NOT attended an inf	formation session.	
Human Resources Representative Signature:	Resources Representative Signature: Date:		
PART IV			
I certify that the above applicant IS or ISI	S NOT enrolled in the degree program or certification listed above.		
I certify that the above applicant HAS or	HAS NOT or NOT APPLICABLE completed all courses registered for the previous term.		
I certify that the above applicant IS or IS	S or IS NOT or NOT APPLICABLE in good academic standing with the University.		
I certify that the above applicant HAS or HAS NOT NOT APPLICABLE attempted hours in excess of 150 attempted hours for undergraduates, 45 attempted hours for graduate, or 72 attempted hours for doctoral after receiving initial benefits for this program and or enrolled in new degree program since initial receipt of benefits for this program			
Registrar's Signature or Designee:		Date:	
PART V TO BE COMPLETED BY TREASURY SERVICES			
Amount of any Debt owed to the University:  Amount of exemption app account: \$			mount of Scholarship applied to student's ccount: \$
Director of Treasury Services' Signature:			Date:

Convert to PDF and send to The Office of Student Financial Aid, Human Resources, and Treasury Services for filing.

Prairie View A&M University does not discriminate on the basis of race, color, national origin, sex disability, or age in its programs and activities. Ms. Alexia Taylor, Title IX Coordinator, has been designated to handle inquiries regarding the non-discrimination policies. Ms. Taylor can be reached at P.O. Box 519; MS 1100 A.I. Thomas Bldg. Suite 102 Prairie View, Texas 77446 or by calling 936-261-2123.