



FOUNDATION TUITION ASSISTANCE PROGRAM SPOUSE APPLICATION

Important note: Tuition assistance will cover the in-state on-campus tuition rate only.

EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name First Name Middle Initial Employee ID

STUDENT INFORMATION (PLEASE PRINT)

Last Name First Name Middle Initial Date of Birth
Fall Interession & Spring Summer Year Year Year Telephone Number (Day)

(Interession and Spring classes are counted as one semester)

SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER

PROGRAM GUIDELINES

Spouse - any lawful spouse of an eligible employee of Fort Hays State University.

- Spouse must be admitted to the university and degree seeking.
- A maximum of 12 undergraduate credit hours or 9 graduate credit hours of tuition charges per semester is covered for fall and interession/spring and 9 undergraduate credit hours or 6 graduate hours in the summer. The student will pay all other fees.
- On-campus and Virtual College credit hours are included. The maximum allowed per benefit is the in-state on-campus tuition for undergraduate and graduate level courses.
- A 2.0 minimum FHSU undergraduate GPA and a 3.0 graduate GPA must be maintained.
- Non-credit workshops, community education, and concurrent enrollment courses are not included.
- Spouses of part-time employees will receive tuition reduction commensurate with the level of FTE (i.e., The spouse of a .5 FTE employee will receive a 50% reduction in tuition)

Additional program information can be located at http://www.fhsu.edu/humanresourceoffice/Other-Benefits/#Tuition_Assistance.

Table with 2 columns: Semester, Deadline. Rows: Fall Semester (First Friday in August at 4:30 pm), Interession/Spring Semester (First Friday in December at 4:30 pm), Summer Semester (First Friday in May at 4:30 pm)

Return completed form to:

FHSU Foundation ~ 1 Tiger Place ~ Hays, KS 67601 ~ Office: (785) 628-5701 ~ Email: ladougherty@fhsu.edu

AFFIRMATION

I affirm that I meet the criteria as stated above. I understand that I may be required to submit information not requested on this form; that Fort Hays State University may verify any information provided by me in this process. I understand that falsifying information on this application may result in loss of the benefit and possible termination of employment.

Employee Signature DIGITAL SIGNATURE NOT ACCEPTED Date Telephone Number (Day)

VERIFICATION OF EMPLOYMENT

OFFICE USE ONLY

This is to certify that the employee named above is employed in at least a fifty (50) percent FTE budgeted position and meets the length of service requirements to qualify for tuition assistance. This is in accordance with policies and provisions approved by the Kansas Board of Regents.

Foundation Designee Date FTE %