



## Application for Employee Dependent Tuition Assistance Program

SMCC Employee: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant SMCC Student ID Number: \_\_\_\_\_

Relationship to SMCC Employee: \_\_\_\_\_

Semester Scholarship Requested:  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

By signing this application, I certify that all information provided by myself or any other person on this form is true to the best of my knowledge. I understand that this application does not guarantee assistance to the student who is requesting scholarship funds. I understand that no assistance will be awarded until the student has completed a FAFSA application and has submitted all required documentation to the Office of Financial Aid.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Appropriate Supervisor Signature Date

\_\_\_\_\_  
Associate Vice President / Vice President Signature Date

\_\_\_\_\_  
President Signature Date

**Once all signatures have been obtained, this application must be returned to the Office of Financial Aid in order for funds to be added to the student account.**

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Dr. Brent Gregory, Vice President for Student Affairs and Title IX Coordinator, 601-276-3717; SMCC, 1156 College Drive, Summit, MS 39666.