

EDUCATIONAL ASSISTANCE PROGRAM REQUEST FOR SPOUSE & DEPENDENTS

UNIVERSITY OF SCIENCE AND ARTS OF OKLAHOMA
Financial Aid Office 1727 W. Alabama, Chickasha OK 73018-5322
Phone: (405) 574-1353 Fax: (405) 574-1220 Email: financialaid@usao.edu

Please review the full Employee and Dependent Tuition Waiver program policy before completing this form. Eligibility and the application of the program are determined in accordance with this policy.

Dependent Information

Last Name: _____ First Name: _____ ID #: _____

Address: _____

Phone: _____ Date of Birth: _____ Academic Year: _____

I understand I must maintain a cumulative GPA of 2.0 and meet Financial Aid Satisfactory Academic Progress requirements as defined in the USAO catalog in order to continue the waiver. If the waiver is used for high school concurrent enrollment, then I will not be eligible for the Concurrent Student Scholarship.

A new request form must be turned in each trimester. I have read the policy in full and understand the terms and conditions related to the receipt of this assistance.

Dependent Signature: _____ Date: _____

Parent or Spouse Information

Name of USAO Employee: _____ Relationship: _____

Department: _____ Date of Employment: _____

I certify that the applicant above is my legal spouse or eligible dependent as defined by the Educational Assistance Program policy.

Employee Signature: _____ Date: _____

Authorization

I certify that the employee named above meets the status of a full-time, regular employee who is eligible to receive this benefit for a qualifying spouse or dependent.

Human Resources: _____ Date: _____

This form must be turned in to the Financial Aid Office with all appropriate signatures no later than the last day of the add period. The Financial Aid Office will determine an applicant's eligibility and award.

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Tuition Waiver Program for Employee Spouses and Dependents

To qualify for this benefit, employee spouses and dependents must make application to the financial aid office. The Vice President for Human Resources will be responsible for verifying employee's eligibility for this benefit and the relationship of the applicant to the employee.

Administration of this program will be subject to the following definitions and conditions:

1. Application must be made by the end of the add/drop period of any trimester for which the waiver is sought. However, early application is encouraged.
2. For purposes of this program, an employee dependent shall be a child, stepchild or legal ward. To be eligible, a dependent must not have turned 25 years of age prior to the first day of the trimester for which the waiver is sought.
3. The dependent tuition waiver will cover **tuition expenses** for up to **sixteen (16) credit hours per trimester** and up to **one hundred forty (140) total credit hours**.
4. A "fulltime regular employee" is an employee occupying a permanent or fixed-term position which included participation in the university's regular fringe benefits program. The employee must have been employed at USAO for at least six months before the term for which the waiver is sought.
5. A cumulative GPA of 2.0 and Satisfactory Academic Progress (as defined in the USAO catalog under financial aid guidelines) are required to continue the waiver beyond the first awarded trimester.
6. Students on student conduct probation may not receive the waiver.
7. If granted, the waiver will be integrated with any other financial aid received from or through the university. In no case shall institutional waivers exceed the cost of the number of hours in which a student is enrolled.