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Student's CCA ID Number

CCCS Employee Enhancement Grant for 2009-2010

Terms and Conditions of Grant

1. Regular employees (those receiving benefits) of the Colorado Community College System (CCCS) or CCCS employees who are employed at 30 hours per week or more, on an on-going basis, are eligible to enroll without tuition in any regularly scheduled course at CCA, for credit or audit. This benefit is limited to enrollment of nine (9) credit hours per financial aid year (Fall, Spring, and Summer), and covers the cost of resident tuition only. The employee is responsible for all fees and charges related to any of the courses.
2. **The employee must apply for the College Opportunity Fund (COF) Stipend** in order to get the reduced tuition rate. If the employee is not eligible for COF or does not apply for COF, the employee is responsible for the difference in tuition between resident CCA course tuition and the final tuition amount. Please note that some courses are not eligible for COF; also, courses that are audited are not eligible for COF.
3. The employee must submit a new application each semester. The employee's supervisor must approve the employee's registered courses prior to submitting this form to Financial Aid.
4. This grant cannot be used in conjunction with the Senior Citizen Grant, Colorado Classified State Employee Grant, CCA Employee Enhancement Grant, or the CCA Instructional Grant.
5. This grant will not be retroactively applied to previous semesters.

USE BLACK INK

Date	Social Security Number	Semester Enrolled
Last Name	First Name	M.I.
Street Address	City	State Zip Code
Phone Number (H)	Phone Number (W)	Fax Number

PREFIX	COURSE NUMBER	SECTION NUMBER	TITLE	CREDIT HOURS	SEMESTER & YEAR

I hereby certify that I have read the above terms and conditions of this grant and accept the award indicated on this form. I have not or will not take additional courses at another Community Colleges of Colorado institution while utilizing these funds. If I do not receive the grant I understand that I am responsible for all charges.

Employee's Signature _____ Date _____

I verify that this employee meets the Terms and Conditions of this award, and has my approval to enroll in the course(s) listed above.

Supervisor's Name (Print) _____ Supervisor's Signature _____

Department _____ Supervisor's Phone Number _____ Date _____

THIS FORM MUST BE SUBMITTED TO THE CCA FINANCIAL AID OFFICE, NOT TO THE CASHIER'S OFFICE