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Student's CCA ID Number

Colorado Classified State Employee Tuition Grant for 2009-2010

Terms and Conditions of Award

1. The State Classified employee is eligible to receive 50% discount on resident tuition (maximum of 12 credit hours per semester). 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, CCA Employee Enhancement Grant, CCA Instructional Grant, or the CCCS Employee Enhancement
5. The State Employee Tuition Grant is subject to the guidelines of the Satisfactory Academic Progress policy as outlined in the Student Guide Handbook.
6. I understand that I must obtain a grade of "C" or better in all classes covered by this grant. Grades of "AU", "AW", "D", "F", "I", "SP", "U", "U/D", "U/F", "W", or "Z" are not acceptable, and any of these grades can result in losing my grant eligibility.
7. This tuition 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

State Agency's Name _____

Address _____

Your Job Title _____

List below each job relevant course(s) you have enrolled in for the semester for which you are applying.

PREFIX	COURSE NUMBER	SECTION NUMBER	TITLE	CREDIT HOURS	SEMESTER & YEAR

I hereby certify that I am a State Classified Employee for the State of Colorado as determined by the State of Colorado Personnel System, and that I have read the above terms and conditions of this grant and accept the award indicated on this form. If I do not receive the grant I understand that I am responsible for all charges.

Employee's Signature _____ Date _____

OTHER SIDE

TO BE COMPLETED BY IMMEDIATE SUPERVISOR

I hereby certify that the above listed course(s) is job-related and qualifies this applicant for the State Employee Tuition Grant.

Supervisor's Signature

Date

Supervisor's Name (Print)

Supervisor's Phone Number

Financial Aid Office Use Only

Semester (circle one): Fall 2009 Spring 2010 Fall 2010 Credit Hours _____ Amount of Award \$ _____

Processed by _____ Date _____

The State Employee Tuition Grant was not processed because the student failed to meet the Satisfactory Academic Progress standards for the current semester. Their eligibility will not be reinstated until:

Fall 20 _____ Spring 20 _____ Summer 20 _____

Processed by _____

Date _____