B.

Professional Development Plan

South Texas College

Institutional Grant Application for Dependents

Guidelines, Responsibilities, and Application
Responsibilities – Employees
1. Read and understand the Institutional Tuition Grant for Dependents Guidelines.
2. Complete all sections of the Institutional Grant Application prior to submission to The Office of Human Resources.
3. Obtain required supervisor and account manager approval on application
4. Attach Required Documents that apply:
   a. Degree Plan/ Statement of Educational Purpose
5. Read and understand the Institutional Tuition Grant Promissory Note.
6. Submit Completed application to The Office of Human Resources by the designated deadline.

Responsibilities – Supervisor and Account Manager
1. Verify active employment.
2. Review degree plan/ statement of educational purpose.

Responsibilities – Human Resources
1. Verify date of hire and determine the applicable service tier.
2. Enter department account number.
3. Verify dependent eligibility: review dependent age/ date of birth, relationship, and address.
4. The college reserves the right to request proof of dependency.
5. Review that required attachments are included:
   a. Degree Plan or Statement of Educational Purpose
   b. Institutional Tuition Grant Promissory Note
6. Verify that the course load does not exceed maximum hours for semester based on the employee service tier.
8. Coordinate with the Business Office each semester to verify availability of funds.

Responsibilities – Financial Aid Office
1. Validate that dependent is not receiving Financial Aid.
2. Determine if the dependent is under resident status or non-resident status.
3. With the exception of a developmental course, verify that the course is not being repeated under the Institutional Tuition Grant.
   a. If repeated course is not a developmental course then note the course name, number, and inform the employee he/she will be responsible for the tuition and fees.
4. Verify with The Office of Human Resources that employee is under active status before processing appropriate award amount for tuition and fees.
5. Verify application is complete and all approvals have been obtained.
6. Award appropriate amount for tuition and fees.
7. Keep copy for department records.
8. Forward the original application to the Office of Human Resources
INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS

Purpose
South Texas College is committed to lifelong learning opportunities for its regular full-time faculty and staff. The College offers an institutional tuition grant, subject to availability of funds, for active benefit-eligible full-time faculty and staff for eligible credit courses taken at the College, including courses in the BAT program. Adult continuing Education courses are not covered under the Tuition Grant for dependents.

Eligibility
Effective September 1, 2015 the institutional tuition grant eligibility is based on the number of years of service without a break of employment. The employee must have completed at least two years of service before the program’s benefits can be granted for a dependent. The maximum number of hours listed below are per semester consisting of three semesters Fall, Spring, and Summer (I II III).

- At 2 years 4 hours per semester
- At 4 years 8 hours per semester
- At 6 years 12 hours per semester

Eligibility for Bachelors of Applied Science in Organizational Leadership Program
Effective September 1, 2015 the institutional tuition grant eligibility is based on the number of years of service without a break of employment. The employee must have completed at least two years of service before program’s benefits can be granted for a dependent. The maximum award granted will be on a fiscal year basis consisting of three semesters Fall, Spring, and Summer (I, II, III).

- At 2 years $1500 award per fiscal year
- At 4 years $2250 award per fiscal year
- At 6 years $3000 award per fiscal year

General Guidelines
Institutional Grant Applications for dependents will be accepted in the Fall, Spring, and Summer. Submission of application does not guarantee approval of Institutional Grant Benefits and are subject to availability of funds per semester.

An Eligible dependent is defined as a legal spouse, or son/daughter of age of 25 or younger whom reside with the employee.

Eligible dependents may apply to take courses that comply with a specified degree plan or statement of educational purpose. All guidelines related to the implementation of this policy will be maintained by the Office of Human Resources and require approval by the College President. The Office of Human Resources reserves the right to request and obtain proof of dependency.

Dependents that are eligible for state or federal aid excluding merit scholarships must first exhaust these funds before becoming eligible for the institutional tuition grant.

For non-resident status dependents, the College pays the in-district amount only and the employee is responsible for the difference.

Should a course(s) be dropped it must be done before the 1st class day of the semester. Dropping the course(s) will result in participant having to pay for the course(s) if he/she decides to retake the course(s).
This does not apply for Developmental Courses. Furthermore the institutional grant application will not cover Add/Drop Fees, Late Registration Fees; etc.

Promissory Notes are required to be submitted with each institutional tuition grant application. Effective as of 09/01/2009, the employee is subject to reimburse the College for their dependent tuition grant benefit if the employee terminates employment within 2 years of receiving the benefit. Employee will receive credit for time worked within the 2 year period of receiving the benefit.

Failure to obtain required signatures, and applicable required documents by the stated deadline will disqualify the employee/dependent from receiving the institutional grant benefit.

**Deadlines**

Eligible employees are required to submit their Institutional Grant Application to the office of Human Resources for approval no later than five business days prior to the designated begin date for that particular semester. Failure to obtain prior approval will automatically forfeit this benefit for the current semester.

**Deadline date for the Institutional Grant Application DOES NOT override any deadline dates posted by Student financial Services and Cashiers Office.**
INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS

After completion of Section A, Section B, and Section C this application must be submitted to the Office of Human Resources no later than five business days prior to the College semester’s first day of class.

SECTION A: EMPLOYEE INFORMATION

Name ____________________________

A# ____________________________

FACULTY □ STAFF □

Department Name ____________________________

Contact Telephone Number ____________________________

SECTION B: DEPENDENT INFORMATION

Dependent Name ____________________________

Dependent A# ____________________________

Dependent Relationship □ SPOUSE □ SON □ DAUGHTER

Dependent Date of Birth ____________________________

ACADEMIC INFORMATION

SEMESTER/YR of enrollment

Semester: □ FALL □ SPRING □ SUMMER I II III Year: ____________

Indicate if Mini-Mester □

BAS-OL Program □ YES □ NO

TOTAL CREDIT HOURS __________ Hours *VERIFY LIMITS BASED ON APPLICABLE TIER

HAS FINANCIAL AID BEEN APPLIED FOR? RECIPIENT? FINANCIAL AID APPLIED FOR? □ YES □ NO

FINANCIAL AID RECEIVED? □ YES □ NO

COUNTY OF RESIDENCY? □ HIDALGO □ STARR □ OTHER

DEGREE PLAN ATTACHED? □ DEGREE PLAN □ STATEMENT OF EDUCATIONAL PURPOSE

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>SECTION NO.</th>
<th>CLASS DAY/TIME</th>
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AGREEMENT AND SIGNATURE

By submitting this application, I acknowledge I have read and understood the appropriate guidelines which are an integral part of this application. I understand submission of this application is subject to the availability of funds. I also understand and accept responsibility for payment of the tuition and fees for any course listed above that is identified as a repeated course under previous tuition/fee waiver benefits and/or institutional tuition grant benefits.

Name (printed) ____________________________

Signature ____________________________

Date ____________________________
## INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS

### SECTION C: SUPERVISOR/ ACCOUNT MANAGER

1. Is employee under active status with your department? (check one): □ Yes □ No
   
   If no, notify Office of Human Resources Immediately

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<tr>
<th>Supervisor’s Signature</th>
<th>Date</th>
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<tr>
<th>Department Account Manager’s Signature</th>
<th>Date</th>
<th>Office Number</th>
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### SECTION D: OFFICE OF HUMAN RESOURCES

1. Employee date of hire in regular position: _________________
2. Dept. Account Number: _________________
3. Is employee’s dependent eligible for institutional grant benefits? □ Yes □ No
4. Dependent’s age ______
5. Is employee’s dependent enrolled for 12 hours or less? □ Yes □ No

- □ Tier 1 (Employed >2yrs, <4yrs): 4hrs/ semester; Org. Lead Prog $1500/fiscal yr
- □ Tier 2 (Employed >4yrs, <6yrs): 8hrs/ semester; Org. Lead Prog $2250/ fiscal yr
- □ Tier 3 (Employed 6+ years): 12hrs/ semester; Org. Lead Prog $3000/ fiscal yr

6. Applicable documents (check all that apply)
   - □ Degree plan
   - □ Statement of Educational Purpose

   HR Approval by __________________________ Date ___________  

### SECTION E: FINANCIAL AID OFFICE APPROVAL

1. Verify residency status: □ Resident □ Non- Resident
2. Is requested course being repeated? (excludes Developmental Course) □ Yes □ No
3. Indicate repeated course name/ number:
   a. __________________________
   b. __________________________
4. Amount of Grant Awarded $__________________ (subject to revision due to financial aid or other)

   Verified/Admissions: __________________________ Date ___________

   SFS/ Entered by: __________________________ Date ___________
INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS

PROMISSORY NOTE

Participation in Part B-Professional Development Program: INSTITUTIONAL GRANT FOR DEPENDENTS
As a condition of receipt of institutional tuition grant benefits for eligible dependents,

I, __________________________________________, from the department of
(Name of Employee requesting participation)

____________________________________________ agree to the following conditions on repayment.
(Department/Division)

1.) I, __________________________________________, as maker of this note, agree to pay to the SOUTH TEXAS
   COLLEGE the sum of institutional grants provided for me within the last two years less credit
   for time worked since each last grant was received.

   and

2.) Should I remain continuously employed at South Texas College for 24 consecutive months after
   receipt of the final tuition grant, this note shall be considered paid in full and any obligations
   arising from this note shall be voided after said date.

__________________________________________________________
WITNESS SIGNATURE
__________________________________________________________
EMPLOYEE SIGNATURE

__________________________________________________________
PRINTED NAME of WITNESS
__________________________________________________________
EMPLOYEE A#

__________________________________________________________
DATE
__________________________________________________________
DATE

Original must be attached to each application of Institutional Tuition Grant for Dependents prior to
submission to the Office of Human Resources.

PROMISSORY NOTE FOR: _____________ _____________
SEMESTER YEAR
# INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS

**TO BE COMPLETED ONLY IF DEGREE PLAN IS NOT ATTACHED**

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
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<td>DEPARTMENT NAME</td>
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<td>SUPERVISOR NAME</td>
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<td>DEPENDENT’S NAME</td>
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<td>SEMESTER DATES</td>
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**INTENT OF EDUCATIONAL OBJECTIVES**

Summarize the intent of educational objectives and intended field of study—(only required if degree plan is not attached)

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**SIGNATURE SECTION**

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<th>Employee Signature</th>
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<td>Supervisor Approval</td>
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<tr>
<td>Department Account Manager Approval</td>
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