

# **B.**

## **Professional Development Plan**

**South Texas College**

**Institutional Grant Application for Dependents**

**Guidelines, Responsibilities, and Application**

# **INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS**

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## **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.
7. Report any discrepancies to office of Financial Aid.
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 Competency Based Education (CBE) Bachelor 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                      \$1700 award per fiscal year
- At 4 years                      \$2550 award per fiscal year
- At 6 years                      \$3400 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 1<sup>st</sup> 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).

# INSTITUTIONAL TUITION GRANT APPLICATION FOR DEPENDENTS

This does not apply for Developmental Courses. Furthermore the institutional grant application will not cover Add/Drop Fees, Late Registration Fees; etc. Note: The \$60 tuition cost applied after the early registration deadline is NOT considered a late fee and is covered under the tuition grant.

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

COURSE NAME	SECTION NO.	CLASS DAY/TIME
_____	_____	_____
_____	_____	_____

## 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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Number

\_\_\_\_\_  
Department Account Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Number

## 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

EMPLOYEE NAME \_\_\_\_\_ A# \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

DEPENDENT'S NAME \_\_\_\_\_ A# \_\_\_\_\_

SEMESTER DATES \_\_\_\_\_

## INTENT OF EDUCATIONAL OBJECTIVES

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


## SIGNATURE SECTION

Employee Signature	Date	Office Number
Supervisor Approval	Date	Office Number
Department Account Manager Approval	Date	Office Number