

FOUNDATION TUITION ASSISTANCE PROGRAM SPOUSE APPLICATION

EMPLOYEE INF	ORMATION (PLEASE PRINT)		-	
Last Name	First Na	ame	Middle Initial	Employee ID
STUDENT INFO	RMATION (PLEASE PRINT)			
Last Name	Firs	st Name	Middle Initial	Date of Birth
Fall	Intersession & Spring	Summer		
Year	Year (Intersession and Spring classes	are counted as one sem	Year	Telephone Number (Day)
SEPARATE APPLICAT	TION REQUIRED FOR EACH SEMESTER			
 A 2.0 minimum F Non-credit works Spouses of part- employee will re 	and graduate level courses. FHSU undergraduate GPA and a 3.0 grashops, community education, and concurtime employees will receive tuition reduceive a 50% reduction in tuition) Information can be located at http://www.f	rrent enrollment co ction commensurat	ourses are not included. The with the level of FTE (i.e.	
,		TION DEADLINES		
	Fall Semester Intersession/Spring Semester Summer Semester	First Friday in Au	igust at 4:30 pm ecember at 4:30 pm	
Return completed FHSU Foundation ~ 1	I form to: Tiger Place ~ Hays, KS 67601 ~ Office: (785	5) 628-5701 ~ Email	ladougherty@fhsu.edu	
AFFIRMATION				
Hays State University	e criteria as stated above. I understand the ymay verify any information provided by the benefit and possible termination of en	me in this proces		
Employee Signature		Date		Felephone Number (Day)
This is to certify that	OF EMPLOYMENT the employee named above is employed to qualify for tuition assistance. This is in			
	Foundation	Date	FTE %	-