

## TUITION ASSISTANCE PROGRAM SPOUSE APPLICATION

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### EMPLOYEE INFORMATION

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Last Name	(PLEASE PRINT)	First Name	Middle Initial	Employee ID
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### STUDENT INFORMATION

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Last Name	(PLEASE PRINT)	First Name	Middle Initial	FHSU Student ID (8 digit)
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Fall	or	Spring		
Year		Year		Telephone Number (Day)

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(SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER)

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### PROGRAM GUIDELINES

***Spouse - any lawful spouse of an eligible employee of Fort Hays State University.***

- Spouse must be admitted to the university.
- A maximum of 12 undergraduate credit hours or 9 graduate credit hours of tuition charges per semester is covered. The student will pay all other fees.
- Only fall and spring on-campus courses are included.
- A 2.0 minimum FHSU undergraduate GPA and a 3.0 graduate GPA must be maintained.
- Workshop, community education, intersession, or non-credit classes are not included.
- A spouse is not eligible until the employee has completed at least 12 continuous months of full-time employment by the first official day of classes for the applicable term, or completion of an academic year contract by the first official day of classes for the applicable term in the case of faculty.

Additional program information can be located at <http://www.fhsu.edu/personnel/tuition-assistance/>.

APPLICATION DEADLINES	
Fall Semester	First Friday in August at 4:30 pm
Spring Semester	First Friday in December at 4:30 pm
Summer Semester	First Friday in May at 4:30 pm

**Return completed form to:**

FHSU Human Resources Office ~ Sheridan Hall Room 110 ~ 600 Park Street ~ Hays, KS 67601 ~ Office: (785) 628-4462 ~ Fax: (785) 628-4006

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### AFFIRMATION

I affirm that the facts set forth above in my application for tuition assistance are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this form; that Fort Hays State University may verify any information provided by me in this process. I understand that falsifying information on this application may result in loss of the benefit and possible termination of employment.

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Employee Signature <small>DIGITAL SIGNATURE NOT ACCEPTED</small>	Date	Telephone Number (Day)
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### VERIFICATION OF EMPLOYMENT

#### HR OFFICE USE ONLY

This is to certify that the employee named above is employed full-time in a 1.0 FTE budgeted position and meets the length of service requirements to qualify for tuition assistance. This is in accordance with policies and provisions approved by the Kansas Board of Regents.

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HR Director	Date	Year(s) Length of Service
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Fort Hays State University reserves the right to modify, adjust or eliminate this program as determined by the President. Fort Hays State University will complete a yearly analysis of this program and provide the same to the Kansas Board of Regents.