

**Pensacola State College
Dependent Scholarship/Waiver Authorization
Board Policy 6H 20-3.003**

Dependent Name: _____ Student ID #: _____

Employee Name: _____ Employee ID#: _____

Department: _____

This is to certify that the above named dependent receives over 50% support from the eligible employee who has been employed on a full-time basis for at least six months at Pensacola State College.

This dependent meets the admission requirements set by the Board, is maintaining standards of academic progress including the maximum attempted credit hour time frame, and is eligible for a scholarship/waiver of matriculation and tuition for 12 credit hours. This scholarship/waiver authorization excludes continuing workforce education, recreation and leisure, life-long learning, and special fees such as lab or music.

Number of college credits _____ Cost _____ Year/Term _____

Number of vocational credits _____ Cost _____ Year/Term _____

Dependent's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Employee's Departmental Cost Center: _____

Department Head's Signature: _____ Date: _____

All signatures are required. **Employees may not sign for their dependent.** If the dependent cannot be present to process this scholarship/waiver, arrangements should be made with the Cashier's Office prior to registration.



CASHIER'S OFFICE USE ONLY

Scholarship Account Number: 5-80030-00-0002-23800 Sequence: _____ Issue Amount: _____

Waiver Account Number: 1- _____ -23800 Sequence: _____ Issue Amount: _____

Year/Term: _____ Data Entry Operator: _____