

APPLICATION FOR STAFF EDUCATIONAL FUND AWARD

Name _____ Department _____
UVSC Applicant Applicant's UVSC Department

SECTION I *(To be completed by the applicant)*

Degree or certificate to be achieved _____

Reasons and need for applying _____

SECTION II *(To be completed by supervisor and signed by both applicant and supervisor)*

Recommendation _____

Signed _____ Signed _____
Applicant Applicant's Supervisor

SECTION III *(For administrative approvals)* _____ APPROVED _____ NOT APPROVED

Signed _____ Signed _____

Date _____ Date _____

SECTION IV *(To be signed by applicant after approval)*

I hereby agree to provide my supervisor and the director of the Staff Education Fund with proof of satisfactory performance and progress as outlined by the policy of this fund. I further agree that I will reimburse the fund if all the criteria, as outlined in the policy, are not met.

Signed _____ Date _____