Application
Title III Employee Study Grant
Huston-Tillotson University

Employee _____
Last Middle First

Years at HT _____

Current position _____ **Department** _____

Email _____ **Phone** _____

Terminal Degree Pursuing _____ **Expected Completion Date** _____

College/university attending _____
Address _____
_____

Academic term _____ **Year** _____ **Tuition costs** _____
Amount requested _____
This program covers tuition reimbursement up to $1,500 a semester. All other fees are the responsibility of the employee. Awards will be made based upon availability of funds with a maximum of four (4) years.

Value of study to Huston-Tillotson University

_____ _____ _____ _____
Employee signature* Date Unit Head's signature Date

**By signing this document, I acknowledge an understanding of the eligibility, payment, and service commitment for the Title III Employee Study Grant.*

FOR TITLE III USE

Amount approved _____ Total awarded to date _____
Budget Analyst _____ Date _____
Title III Coordinator _____ Date _____

Tax Liability: Employees accepting a Study Grant award are responsible for any tax liabilities associated with tuition assistance. Refer to IRS Publication 970 (2010), Tax Benefits for Education for guidance.