

Huntingdon College
Application for Employee Tuition Scholarship

Date ___/___/_____

Full name of student: _____

Address _____

Phone Number (_____) _____

Term for which application is made: _____
Semester Year

Student's major: _____

Is the application for full or part-time study? _____

Signature of Student Applicant

By signing above, I agree to support the mission and objectives established at Huntingdon College. In addition, I will meet the "Student Behavioral Expectation" standards as specified in the Student Handbook and will also agree to act in a collegial manner with respect to all school officials.

I hereby certify by my signature below that the above-named student is:

___My Spouse ___My Dependent Child ___Myself

Faculty/Staff Employment Status: ___Part-time ___Full-time

Signature of Faculty/Staff Member

Approval: Supervisor _____
VP of Business & Finance _____