# Columbia College Corporate Scholarship Funds Request

### INTRODUCTION

The intention of this form is to request support towards a course or program that an employee is interested in taking. The course or program must relate to the employee's employment at Columbia College. Columbia College and the Scholarship Committee reserve the right to determine whether a course or program is suitable for a scholarship, even when a supervisor may show support. Employees with a temporary working visa do not qualify for scholarship funds.

#### Section 1 - Personal Information - Submit to Chair/Manager

| Employee Name:                 | Date:                      |
|--------------------------------|----------------------------|
| Program Supervisor:            | Program / Department:      |
| Employment Start Date:         | Weekly Hours of Work:      |
| Email Address:                 | Alternative Email:         |
| Cell Phone:                    | Alternate Phone:           |
| Course/ Program Name & Number: | Location of Course/Program |
| Start Date:                    | End Date:                  |
| Tuition Cost:                  | Other Costs:               |

#### Section 2 – Description of Learning Activity – attach detail to this form

| Summary of Activity: Does this activity relate to<br>Include a copy of the Course/Program Name, C<br>Attach Statement of Expenses for each course<br>Attach a personal statement regarding the course | ode and Outline for each course (required upon completion) |                    |
|---|--|--------------------|
| First course?   | Subsequent submission?                                     | How Many Previous? |

# Section 3 – Criteria Checklist

| Does employee work a minimum of 25 hours/week?<br>Minimum 1 Year continuous employment?  |  |  |
|--|--|--|
| Does the College/University provide official course credit/transcripts or is this a Continuing Education non-credit course?  |  |  |
| Is this Course or Program appropriate to your current position at the college?   |  |  |
| Has this Course or Program schedule & college work schedule been included with this application?   |  |  |
| Are changes to current work schedule required & approved by your Department Manager? If so, for how long?  |  |  |
| Have you applied for other scholarships? Please list   |  |  |
| Chair /Manager please sign if you support:   | Date:  |  |
| Document Name: Corporate Scholarship Funds Request<br>Document Number: ADM-F037<br>Revision #3 NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 – Document | Revision Date: January 22, 2021<br>Approved by: Tom Snell<br>Control Policy and Procedures Page 1 of 1 |  |

Section 4 – Application Process

Please complete the above information in full before submitting.

# Applicant Deadlines June 30 and December 30 each year

All applications received prior to June 30 & will be processed by end of July. All applications received between July 1 & December 31 will be processed by end of January Submit Application to Nola Snell, VP Finance, or Designate

# **Reimbursement Requirements**

Scholarship reimbursements require a minimum passing grade of B Reimbursements require transcript of preapproved completed course/program Please submit to Accounting: Attention Scholarship Committee

Reimbursement will range from 30 – 75% depending on a number of factors such as funds available and number of applicants, as examples.

Reimbursement will require up to 4 weeks after receiving the related documents for processing

Corporate Scholarships are a commitment an employee should take seriously. The college requires at least 2 years minimum employment after completing a program or course as recognition of the scholarship support received, or a full refund will be required. **Initial**.....

By signing this document, I give consent for the College to collect, use, and disclose the above personal information as required for purposes deemed consistent and reasonable within the regular operations of the College as permitted by relevant privacy laws or other laws. See Columbia College's information security policies for further details on the collection, use, and disclosure of personal information.

Employee's Signature

Date

| For Accounting Use Only                 |  |
|---|--|
| Scholarship Committee or Designate Name |  |
| Application Approved/Not Approved       |  |
| % Approved Support as Scholarship       |  |
| Committee Signature                     |  |
| Payment Reimbursement Date              |  |