

**Cameron University  
Cameron's Own Scholarship Request Form**

Please read the Policy for Employee Dependent Tuition Waiver Program before completing this form. Also note that the student must have completed FAFSA and the Cameron General Scholarship to receive this award.

**Section 1 – Dependent Information**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Enrollment Period      Fall                      Spring

Dependent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section 2 – Employee Information**

Name of CU Employee \_\_\_\_\_ Employee ID \_\_\_\_\_

Department \_\_\_\_\_ Date of Initial Employment \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section 3 – Employee Authorization**

I certify that the above named in Section II meets the criteria of a qualified employee per the Policy for Employee Dependent Tuition Waiver Program.

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

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**Section 4 – Financial Assistance Authorization**

I certify that this student meets all the criteria to receive the Cameron's Own Scholarship for the enrollment period listed above.

\_\_\_\_\_  
Director of Financial Assistance/Scholarship Coordinator

Date \_\_\_\_\_