

# COTC SCHOLARSHIP AGREEMENT FOR DEPENDENTS of OHIO STATE-PAID COST-SHARED EMPLOYEES

*This form is for Ohio State Newark-paid cost-shared employees only.*

In accordance with the COTC Scholarship Agreement for Cost-shared Employees, dependents of Ohio State-paid, cost-shared employees who are enrolled in COTC credit classes will receive a scholarship that equates to the benefit provided to COTC-paid cost-shared employees as described in [COTC Policy 2.6.05 Dependent Fee Remission](#).

## Employee Data

Employee's Last Name	Employee's First Name	MI
Ohio State Employee ID#	Hire Date	Department

## Dependent Data

Dependent's Full Name	Dependent's Social Security #	Relationship to Employee
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Planned Enrollment Year \_\_\_\_\_

Is the above named dependent a qualified dependent under IRS guidelines?  Yes  No

Does COTC employ this dependent in any capacity other than as a student employee?  Yes  No

Is the above named dependent receiving financial aid?  Yes  No

If, yes, what kind?

## Authorization

***I have read and understand the conditions of the COTC Scholarship Agreement for Ohio State-paid Cost-shared Employees, certify that the above information is accurate, and authorize COTC to verify the above information.***

Employee Signature	Date
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**Other signatures:**

Supervisor	Date
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Senior Administrator (person reporting to the president, or the president)	Date
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Financial Aid Director	Date
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**Human Resources use only:**  Approved  Not Approved Reason: \_\_\_\_\_

**Proof of Dependency:**  No  Yes Provided: \_\_\_\_\_

**Office of Human Resources Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Original:**  Personnel File **Cc:**  Employee, **Financial Aid, Fees & Deposits**