

B.

Professional Development Plan

South Texas College

Institutional Tuition Grant for Dependent(s)

Guidelines, Responsibilities, and Application

SOUTH TEXAS COLLEGE

Institutional Tuition Grant for Dependents

Guidelines

Purpose

Revised Tuition and Fee Waiver for Dependent

South Texas College is committed to lifelong learning opportunities for its regular full-time faculty and staff and their eligible dependents. As a result, the College offers an institutional tuition grant, **subject to availability of funds**, for eligible family members of benefit-eligible full-time faculty and staff for eligible credit courses taken at the College. Adult Continuing Education courses ARE NOT covered under the Tuition Grant for Dependents.

Eligibility

The amount of tuition grant is based on the employee's number of years of service. Effective September 1, 2009, the employee must be employed for at least 2 years before the program's benefits will be granted.

Effective FY 2010 (eff 09/01/2009)

- | | | |
|----|----------------------|---|
| a. | Under 2 years | No benefits for employees, spouse and dependent |
| b. | At 2 years | 4 hours per semester for each employee, spouse and dependent |
| c. | At 4 years | 8 hours per semester for each employee, spouse and dependent |
| d. | At 6 years | 8 hours per semester for each employee and 12 hours per semester for employee's spouse and dependent |

The maximum number of hours listed are per semester consisting of 3 semesters – Fall, Spring, and Summer (I, II, III).

The 2 year waiting period will become effective for employees with a start date of September 1, 2009 and later.

The current employees with more than 1 year, but less than 2 years of service at September 1, 2009, will receive the benefits listed under the 2 years tier above. With this exception, effective September 1, 2009 all current employees and new employees will be subject to the 2 years, 4 years and 6 years service tiers as indicated above.

An example of which service tier to use at September 1, 2009 is as follows:

Hire Date	No. of Years as of September 1, 2009	Service Tier
9/1/05	4	4 years
9/1/06	3	2 years
9/1/07	2	2 years
9/1/08	1	2 years
9/1/09	0	0 years

General Guidelines

Eligible dependents are defined as:

- legal spouse
- unmarried dependent son, 24 years of age or younger, who reside with the employee
- unmarried dependent daughter, 24 years of age or younger, who reside with the employee

Eligible dependents may apply to take courses that comply with a specified degree plan or statement of educational purpose. All guidelines related to the implementation of this policy will be maintained by the Office of Human Resources and require approval by the College President. The Office of Human Resources reserves the right to request and obtain proof of dependency.

Dependents of employees who have applied for and are eligible for state or federal aid must first exhaust these funds before becoming eligible for the institutional tuition grant.

Eligible employees are required to submit their institutional grant application to the Office of Human Resources for approval **no later than five days** prior to the designated begin date for that particular semester. **Failure to obtain prior approval will automatically forfeit this benefit for the current semester.**

For non-resident status dependents, the College pays the in-district amount only and the employee is responsible for the difference.

Promissory Notes are required to be submitted with each institutional grant application. Effective 09/01/2009, the employee is subject to reimburse the College for their tuition grant benefit if the employee terminates within 2 years of receiving the benefit. This requirement will align the procedures presently required from employees receiving tuition reimbursement benefits. Credit for time worked since the last tuition grant received is provided. This applies to grants for the employee, spouse and/or dependents.

South Texas College
Institutional Grant for Dependents---Responsibilities

Responsibilities - Employees

1. Read and understand the Institutional Grant for Dependents Guidelines
2. Complete Section A and Section B of the Institutional Grant Application for Dependents
3. Obtain supervisor and account manager approval of application and required attachments including the following:
 - Degree Plan
 - Statement of Educational Purpose (**Required ONLY if a degree plan is not available**).
4. Read and understand the Institutional Grant Promissory Note; Sign and attach to application
5. Application must be completed and submitted to the Office of Human Resources **no later than five days** prior to the College semester's first day of class.

Failure to get the application required signatures, submit a degree plan and/or statement of educational purpose, and signed promissory note by stated deadline will forfeit the institution grant benefit for the semester.

Responsibilities – Supervisor and Account Manager

1. Ensure the employee is under active employment
2. Review Degree Plan
3. Approve Statement of Educational Purpose (**Required ONLY if a degree plan is not available**)
4. Forward to Account Manager or sign if applicable

Responsibilities – Office of Human Resources

1. Verify date of hire and determine service tier applicable
2. Enter department account number
3. Verify dependent eligibility: review dependent age/ date of birth, relationship, address
(The college reserves the right to request proof of dependency)
4. Review that required attachments are included:
 - a. Degree Plan or Statement of Educational Purpose (**Required ONLY if a degree plan is not available**)
 - b. Institutional Grant Promissory Note
5. Verify that the course load does not exceed maximum hours for semester based on service tier employee is under.
6. Report any discrepancies to the Admissions Office and Financial Aid Office.

Responsibilities – Admissions Office

1. Determine if employee is a resident status or non-resident status.
2. Review that the enrolled course is not a repeated course under institutional grant or under previous tuition and fee waiver benefits (**developmental courses may be repeated**).
3. If repeated course is not a Development course, note the course name and number and inform the employee that he/she will be responsible for the tuition and fees and ask them to sign in designated area of Admissions Office approval.

Responsibilities – Financial Aid Office

1. Validate that employee is not receiving Financial Aid.
2. Verify with Human Resources that employee is still active before processing appropriate award amount for tuition and fees.
3. Verify application is complete and all approvals have been obtained.
4. Review section E of the application for any previously dropped, failed or withdrawn course and if necessary adjust the tuition and fees award amount.
5. Award appropriate amount for tuition and fees.
6. Keep copy for department records.
7. Forward original application to the Office of Human Resources to be placed in employee's personnel file.

SOUTH TEXAS COLLEGE
Institutional Grant for Dependents
Application

1. By submitting this application, the employee acknowledges that they have read and understand the appropriate guidelines which are an integral part of this application.
2. After completion of Section A and Section B, this application must be submitted to the Office of Human Resources **no later than five days prior** to the College semester's first day of class.

A. EMPLOYEE INFORMATION		
1. Employee A#: _____	2. Classification: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	
3. Employee name: _____		
4. Department name: _____		
B. DEPENDENT INFORMATION		
5. Dependent name: _____		
6. Dependent A#/SSN: _____ 6(a). Dependent DOB: ____/____/____		
7. Dependent relationship to employee (check one): <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son		
8. Semester/year of enrollment: _____ 9. Total Credit Hrs: _____		
10: Educational plan attached: <input type="checkbox"/> Degree Plan <input type="checkbox"/> Statement of Educational Purpose (only if degree plan not offered for field of study)		
11. Has Financial Aid been applied for: <input type="checkbox"/> Yes <input type="checkbox"/> No Financial aid recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Course Name	Section No.	Class Day/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
I have received and understand the guidelines for applying and receiving institutional grant benefits for eligible dependents. I also understand and accept responsibility for payment of the tuition and fees for any course listed above that is identified as a repeated course under previous tuition/fee waiver benefits and/or institutional grant benefits.		
_____	_____	(____) _____
Employee Signature	Date	Office Number
C. SUPERVISOR AND ACCOUNT MANAGER		
Approve a completed statement of educational purpose for the eligible employee dependent, if a copy of their degree plan is not attached to this application.		
_____	_____	(____) _____
Supervisor Signature	Date	Office Number
_____	_____	(____) _____
Account Manager Signature (if different than Supervisor)	Date	Office Number
Forward to Office of Human Resources for Approval		

D. HUMAN RESOURCES OFFICE APPROVAL

1. Employee date of hire in regular position: _____ 2. Dept. Acct. No: _____

3. Is employee's dependent eligible for institutional grant benefits? (check one): Yes No
___ Ineligible <2yrs emp ___ Tier 2: DEP 4 hrs/sem ___ Tier 4: DEP 8 hrs/sem ___ Tier 6: DEP 12 hrs/sem

4. Applicable documents (check all that apply): Degree Plan Statement of Educational Purpose

5. Is employee's dependent enrolled for 12 hours or less? (check one): Yes No

HR approval by: _____ Date: _____

Forward to Admissions Office for Approval

E. ADMISSIONS OFFICE APPROVAL

1. Verify residency status: (check one) Resident Non-resident

2. Is employee's dependent requesting tuition grant benefits for a previously passed, failed, dropped or withdrawn course? (excludes Developmental course) (check one) Yes No

Please inform the employee and/or dependent that tuition and fees will not be granted for course(s) listed above.

Verified by: _____ Date: _____

Forward to Financial Aid Office for Approval

F. FINANCIAL AID OFFICE APPROVAL

1. Financial Aid guideline steps 1-3 verified by: _____ Date: _____

2. If repeated course include course name/number: _____
course name/number: _____

3. Review that repeated (passed, failed, dropped or withdrawn) course(s) listed **have not** been included in award amount.

4. Award Amount: \$ _____

Entered by: _____ Date: _____

Forward to Office of Human Resources at semester-end

For more information, please call the Office of Human Resources at 956-872-3728 or 872-5057

South Texas College Promissory Note

Employee Participation in Section A of PROFESSIONAL DEVELOPMENT PLAN:
INSTITUTIONAL GRANT for DEPENDENT

As a condition of receipt of institutional grant benefits for eligible dependents,

I, _____ from the department of
(Name of Employee requesting participation)

_____ agree to the following conditions on repayment.
(Department/Division)

1.) I, _____, as maker of this note, agree to pay to the SOUTH TEXAS COLLEGE the sum of institutional grants provided for me within the last two years less credit for time worked since each last grant received.

and

2.) Should I remain continuously employed at South Texas College for 24 consecutive months after receipt of the final tuition grant, this note shall be considered paid in full and any obligations arising from this note shall be voided after said date.

WITNESS SIGNATURE

EMPLOYEE SIGNATURE

PRINTED NAME of WITNESS

_____/_____
EMPLOYEE A# and last 4 digits of SSN

DATE

DATE

Original must be attached to each application of Institutional Grant for Dependents prior to submission to the Office of Human Resources.

PROMISSORY NOTE FOR: _____
Semester Year

To be completed ONLY if degree plan is not available

SOUTH TEXAS COLLEGE

Statement of Educational Purpose for Dependent of employee

Employee Name: _____

A#: _____

Supervisor Name: _____

Dependents Name: _____

A#: _____

Intent of educational objectives:

Field of Study: _____

Employee Signature

Date

Supervisor Approval

Date

Department Account Manager Approval

Date