## PARIS JUNIOR COLLEGE EMPLOYEE SCHOLARSHIP PROGRAM DEPENDENT TUITION REMISSION PROGRAM

(Employee Dependents Taking Courses at PJC)

Student's Name			Student ID			
Student's Date of Birth:	Month	Day	Year	Marital Status:	S	M
Employee's Name (Print)				Department Employed		
Semester		Year				
I certify that this studen eligible to participate in	, -	•		•	al income t	ax purposes and
I understand that the state number of hours enstipulated in the Paris J VCT classes. Repeat circumstances warrant a	nrolled in unior Colle ed course	each ser ege Polic es are	mester to b cy Manual not eligibl	pe eligible for the tuitio (DEB local). The schola le for scholarship fur	n remissio Irship may	n scholarship as not be used for
All adds and/or drops o	n this scho	olarship r	must be ma	ade on or before the off	icial repor	ting day.
Employee Signature				Date	_	
Human Resources Office	e			Date	_	