Renewal Application for the Collin Employee Scholars Program



COMPLETE THIS FORM IF YOU HAVE PREVIOUSLY RECEIVED THE COLLIN EMPLOYEE SCHOLARS PROGRAM SCHOLARSHIP

RE-APPLICATION

Application Date:	Collin FT Hire Date:	
Name:	University Student ID:	
Collin Supervisor:	University:	
Collin CWID:	Graduate Program:	
Collin Job Title:	Anticipated Graduate	
Collin Office Campus:	Program Completion Date:	

Year 2 Year 3

Number of graduate hours completed with a "B" or higher this academic year:

Term GPA: _____ Overall Graduate GPA: _____

Please attach your current transcript and submit it with this form for approval.

If you have dropped a course(s), explain your reasons.

COLLIN COLLEGE SERVICE AND INVOLVEMENT:

List your service to and involvement in the campus community that goes above and beyond the scope of your current position: (note: if more space is needed, please use a separate sheet)

Collin College Ser	rvice and Involvement		Length of Time
Renewal Approved:	Vice President	Date	
	vice r resident	Date	
Renewal Approved:			
	Executive Vice President	Date	

Renewal Application